

**GLENDORA HIGH SCHOOL
BAND BOOSTERS**

DATE: _____

CHECK REQUEST FORM

Pay to the Order of: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

_____ Mail check to the above address

_____ Hold check

_____ Give to: _____

Please describe below the items purchased in details as well as the purpose for the expenditure. AttacALL necessary receipts to show proof of purchase. If an invoice is available, please list the invoice number and attach to request.

<u>Items Purchased/Purpose</u>	<u>Amount</u>	<u>Invoice #</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL AMOUNT:		\$ _____

Check Requested by: _____ Telephone Number: _____

Approved by: _____

TREASURER'S USE ONLY PLEASE

<u>ACCOUNT FUNDS ALLOCATED TO:</u>	<u>\$ Amount</u>	
_____	\$ _____	
_____	\$ _____	Date: _____
_____	\$ _____	Check # _____
_____	\$ _____	Date Mailed: _____
_____	\$ _____	Date Entered: _____
_____	\$ _____	Initials: _____