



# Beckman High School

## Football Boosters CHECK REQUEST FORM

**ATTACH ALL ORIGINAL RECEIPTS "TAPED" TO A BLANK 8 1/2 X 11 PAPER**

Date of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

\*Requested by: \_\_\_\_\_

*(Print Name)*

*Please specify where to apply all expenses*

*See budget detail or the Booster's page on the website for a listing of Chairpersons by budget line#.*

*This form requires approval from the booster chair person of the applicable budget line#/account.*

<b>*Budget Line #</b>	<b>*Purpose or Description</b>	<b>*TOTAL</b>
		\$
		\$
		\$
		\$
	<b>*AMOUNT REQUESTED:</b>	\$

*Note: All budgeted expenses will be processed within three days of receipt to confirm that budget goals are being met to fund this expense. For an expense that is not budgeted, a budget amendment must be approved by the Beckman Football Boosters (upon approval, payment will be made). To avoid delays in reimbursement, please complete this check request in its entirety especially the completion of all required info (notated with an asterisk).*

*Please remember to keep an extra copy of each form submitted for your records and as a backup (if needed).*

**SELECT ONE...**

\_\_\_\_\_ **Return check to requestor**

\_\_\_\_\_ **Mail check to address listed on invoice attached** *(include extra copy of invoice)*

**\*Make Check Payable to:** \_\_\_\_\_

*(Print Name)*

**\*Chairperson's signature:** \_\_\_\_\_

*(Chairperson's signature/approval required)*

**TREASURER USE ONLY**

Received Date

Check#

Sent Date

**\* = denotes required information**

website: [www.beckmanfootball.com](http://www.beckmanfootball.com)