CHECK REQUEST			
JORDAN HIGH SCHOOL ATHLETIC BOOSTER CLUB Use this form to request a check to be cut from your team's Booster Club account.			
	r learn's boosler Cil	id account.	
Approval from the Coach and the AD required. Allow one week for processing.			
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DATE OF CHECK REQUEST:			
DATE OF CHECK REQUEST.			
SPORT:		COACH:	
Make Check Develate			
Make Check Payable to:			
	(NAME)		
AMOUNT OF CHECK		INVOICE	Yes/NO
PURPOSE OF EXPENDITURE			
Description			
Provide backup information when possible			
Date Check needed by:			
Deliver Check To:			
	Name		
	Full Address		
Check will be mailed to above address unless other instructions are provided.			
Requested By:			
	Coach's Signature		Date
Approved By:			
	Athletic Director's	Signature	Date
		_	
TO BE COMPLETED by ABC Treasurer			
10 BE CO		116030161	
Check number		Check date	
		CHECK UALE	
Delivered to		Via	
Delivered to		via	