

# LCHS Booster Club Check Request

Date:

Requestor:

Group:

Fund-Raising Expense    Program Expense    Inter-Club Transfer

Amount:

Make Check Payable to:

Address:

City:	State:	Zip:
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Phone Number:

Reason for check:  
Budget Item # (from submitted Budget) \_\_\_\_\_

Mail    Put in my box.    Put in \_\_\_\_\_ box

Date needed by:

Authorized By (write your name):

Signature:	Date:
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**Authorized Signature to authorize check disbursement**

**Please attach all original invoices and receipts  
Supporting documents must be attached. One request per check.**