

COHS Booster Club Check Request

Date:		
Requestor:		
Requestor's Phone Number:		
Name of Sport/Club:		
<input type="checkbox"/> Fundraising Expense	<input type="checkbox"/> Program Expense	<input type="checkbox"/> Inter-Club Transfer
Amount:		
Make Check Payable to:		
Invoice #:		
Address:		
City:	State:	Zip:
Recipient's Phone Number:		
Reason for Check:		
<input type="checkbox"/> Mail	<input type="checkbox"/> Put in my box	<input type="checkbox"/> Put in _____ box
Date needed by:		
Authorized by (write your name):		
Signature:	Date:	

Authorized Signature to authorize check disbursement

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