

Clements Band and Dance Team Booster Club

Check Request

Date of Request: _____

Payee: _____

Address: _____

City, ST, Zip _____

Amount of Request: \$ _____

Description of Payment

*****RECEIPT MUST BE ATTACHED*****

Requested by: _____

Accounting Purposes Only:

Date Issued: _____ Approved by: _____

Check No. _____

<u>Budget Category</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____