

Clements Band and Guard Booster Club  
Check Request

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

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Amount of Request: \$ \_\_\_\_\_

Description of Payment (**\*\*\*RECEIPT MUST BE ATTACHED\*\*\***)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Accounting Purposes Only:

Date Issued: \_\_\_\_\_ Approved by: \_\_\_\_\_

Check No. \_\_\_\_\_

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