

WSHS Band Boosters

Check Request

Advance (attach written explanation)

Reimbursement (attach receipts)

Payment (attach invoice)

Check amount \$ _____ Purpose _____

Check payee _____

Address _____

City _____ State _____ Zip _____

Comments _____

Check request must be approved by either WSHS Booster President or Treasurer

Signature _____ Title _____ Date _____

FOR TREASURER'S USE ONLY

Check Number _____ Date _____

Amount _____ Payee _____

Invoice Number _____