



This form may be used to request checks payable to vendors on behalf of CHS Band Boosters, or to request reimbursement for expenses paid on behalf of CHS Band Boosters.

CHECK REQUEST FORM

Request submitted by: _____

Request date: _____

Check payable to: _____

Amount: _____

Purpose: _____

Invoice or receipt attached: Yes _____ No _____

If No – Please explain: _____

Payment Instructions:

Please mail to: _____

Please call for pick up: Name: _____
 Phone: _____