

CHECK REQUEST FORM

Submit form to the

Boosters Treasurer with copies of receipts to treasurer@gsboosters.org

Please attach a receipt for all purchases (photocopies are acceptable)

CHECK REQUESTED BY:				
Name:	_			
Signature		Phone:		
(Must Have Committee Mer	mber Signature Requesting Check)			
Event Name & Date		Committee:	:	
Name:		Phone:		
Address		Email:		
		Amount \$		
		** Sales Tax Wi	ill Not Be Reimbursed**	
Items Purchased or to be Purchased:				
	Item(s) Description		<u>Amount</u>	