

HAZEN BOOSTER CLUB CHECK REQUEST AND REIMBURSEMENT FORM

Date Submitted _____ Activity Date: _____ Check Amount: _____

Pay to the order of: _____

Address: _____

City, State, Zip _____

Person Submitting Request: _____

Phone: _____ Email: _____

Form must be filled out completely and supporting documentation must be attached for check to be issued.

Special Instructions:

Club/Team:	Paying For/Reimbursement Of:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Amount:		\$ _____

Chairperson's Initials: _____

Forward this form to Booster Treasurer, treasurer@hazenboosters.org

For the Treasurer's Use Only

Check #	Check Date	Check Amount
_____	_____	\$ _____