

WESTFIELD HIGH SCHOOL
BAND BOOSTER ORGANIZATION
CHECK REQUEST

For requesting payments from Band Booster accounts!

ATTACH RECEIPTS!

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Date of Request : _____

Due Date: _____

Payable to : _____

Send to:

Amount : _____

Purpose of Check :

Charge Account(s) : _____

(list amounts) : _____

Requested by : _____

Telephone
Number: _____

Title : _____

Signature : _____

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APPROVAL SIGNATURES

Booster Officer : _____

Date Approved: _____

Director : _____

Date Approved: _____

TREASURER'S USE ONLY:

Receipt Attached : _____

Date Paid: _____

Account(s) Charged : _____

Check No.: _____

NOTE: If an invoice is being paid, please attach the original invoice AND a copy of invoice to be mailed with the check to the vendor. THANK YOU!