**WESTFIELD BAND BOOSTERS CHECK REQUEST FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Expenditure: (Example: Football Concessions, Winter Guard, ISSMA, Awards, Pasta Dinner, Citrus Sale, Craft Show, Marching Band Camp) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list individual receipts:**

|  |  |  |
| --- | --- | --- |
| Date | Store & Items Purchased (Attach Receipts) | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Check Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Requester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tr. Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Note: The Treasurer will reimburse payments no later than the 15th and the 30th of each month.

Thanks,

Westfield Band Boosters