# Elkins High School Athletic Booster Club

**6140 Hwy. 6 #132, Missouri City, TX 77459**

## Check/Debit Card Request

**Check Payable To: _____**

**Date: _____** **Total Amount of Check: $_____**

| Itemized Expenses | ($$) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| **Total Expenses** | |

**Check Requested By: _____Phone: _____**

**Purpose for expense: _____**

_____ Original Receipt/Invoice Attached

_____ Check to be returned to person requesting check

_____ Check to be mailed by Treasurer to the following Address:

_____

_____

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**For Treasurer's Use:**

**Approval:** _____ Board Discussion/vote on _____
_____ Budget Item previously approved

**Date Paid:** _____ **Check #:** _____ **Check Amount: $**_____

**Budget Category:** _____ **Submit to:** Shelley Lendermon
6140 Hwy 6 S #132, Mo. City, 77459
ElkinsABCTreasurer@gmail.com
2018-2019 School Year