

# Spartan Boosters

## Check Request Form

Date \_\_\_\_\_

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

Description	Invoice #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note:

TOTAL \_\_\_\_\_

- All purchases MUST include sales tax.
- Receipts for reimbursement MUST be attached.
- Invoices MUST be attached and be addressed to Spartan Boosters and NOT SHS.

Requested by: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Team Account: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Team Booster Rep)

**\*\*\* Please email all check requests along with receipts/attachments to: [moniquec@dmcimail.com](mailto:moniquec@dmcimail.com)**

***If the expense was previously approved by the Spartan Booster Executive Board your check will be written. If this expense was not previously approved the check request shall be reviewed for approval at the next monthly Executive Board meeting.***

\*\*\* Treasurer's Use Only \*\*\*

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

Check / CC#: \_\_\_\_\_