Elkins High School Athletic Booster Club

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

Check 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:

_____

_____

For Treasurer's Use:

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

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

Budget Category: _____ **Submit to:** Sharon Del'Homme
3039 Bonney Briar Drive, Mo. City, 77459
Sharon.DelHomme@gmail.com

2015-2016