



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