

**Check Request  
Memorial Orchestra Booster Club**

Check # \_\_\_\_\_

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

Event: \_\_\_\_\_

Reason for Check (\*1): \_\_\_\_\_

Amount (sales tax can't reimbursed\*2) \_\_\_\_\_

Name of person requesting: \_\_\_\_\_

Phone Number/Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Payment Information:**

Pay To: \_\_\_\_\_

Address: \_\_\_\_\_

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1. **All receipts and invoices must be attached** to this request form; no reimbursement check will be issued without appropriate documentation.
  2. Reminder – The Booster Club cannot reimburse for Sales Tax. Our Texas Sales Tax Permit Number is 3-20454-9937-6

**Contact me at: [manisha0317@gmail.com](mailto:manisha0317@gmail.com) or call me on my mobile 713-419-6645  
Manisha Patel**