



HAYWARD HIGH SCHOOL BAND BOOSTERS
 1633 East Avenue, Hayward, CA 94541
 (510) 723-3170

CHECK REQUEST FORM

Payable To:	Date Requested:
Tax ID# (if applicable)	Date Required:
Address:	<input type="checkbox"/> Reimbursement (Receipts Attached)
	<input type="checkbox"/> Mail Check to Payee
	<input type="checkbox"/> Return Check to Requestor
Phone #	
Requested By:	

DESCRIPTION (To be completed by Requestor)	Amount
TOTAL	\$

** Note: All receipts and/or invoices must be submitted with this form before payment will be made.*

Submitted for Payment by:

Signature	Title

Approved for Payment by:

Signature	Title

FOR TREASURER'S USE ONLY

Account #	Account Name	Amount
		\$
	TOTAL	\$

Date:	Check #	Amount