



PARK TUDOR CHECK REQUEST – BOOSTER CLUB

DATE OF REQUEST _____ DATE NEEDED _____

PAYABLE TO _____ AMOUNT _____

PURPOSE

ACCOUNT NAME: BOOSTER CLUB

REQUESTED BY _____

AUTHORIZED SIGNATURE _____

Booster Club President or Treasurer

AUTHORIZED SIGNATURE _____

Business Office Representative

IF THIS CHECK IS TO BE MAILED, PLEASE PROVIDE THE ADDRESS:

***Attach receipt** (Please note, Park Tudor is a 501(c)3, non-profit sales tax exempt organization. Sales tax will NOT be reimbursed.)