



CHANTILLY HIGH SCHOOL ATHLETIC BOOSTERS CHECK REQUEST

TO ACCOMPANY ALL REQUESTS FOR CHECKS

*Coaches: Please complete and submit to Athletic Director for processing
**Booster Volunteers: Please complete and submit to Appropriate Coach or Committee Chair
****Committee Chairs: If this request impacts a Coach's budget, please forward it the related Coach for processing; If this request impacts a Booster Committee, please forward it to the Board President for approval*

Date: _____

Requested by: _____

Phone Number: _____

Email: _____

Pay to the order of: _____

Address: _____

Date Check Needed By (if applicable): _____

Delivery Method: (select one) In Person or US Mail

Amount Requested: \$ _____

Sport or Budget Category (ies):

(1) _____ \$ _____.

(2) _____ \$ _____.

(3) _____ \$ _____.

Purpose of Expenditure(s): _____

Signature of Committee Chair or Booster Volunteer: _____

Committee or Sport: _____

Signature of Athletic Director or Board President: _____

Please Attach Invoices, Bills, Receipts or a Signed Contract To This Request

A Separate Request Is Required For Each Payee (Check); Multiple Items and Categories May Be Included In Each Request

Please Indicate Amounts To Be Charged To Each Budget Category

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Treasurer's Use:

Date Paid: _____

Check Number: _____

Amount: \$ _____

Delivered to: _____

In person or By Mail (Circle One)

Notes: _____
