



JLHS SPORTS BOOSTER CLUB

CHECK REQUEST AND REIMBURSEMENT FORM

Date Submitted: _____ Activity Date: _____ Check Amount: _____

Pay to the order

of: _____

Address: _____

City, State, Zip _____

Person Submitting Request: _____

Phone: _____ Email: _____

Form must be filled out completely and supporting documentation must be attached for check to be issued.

Special Instructions:

Club/Team: Paying For/Reimbursement Of: Amount:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Amount: \$ _____

Chairperson's Initials: _____

Forward this form to Booster Treasurers-Sherri Franzman or Lisa Pratcher

For the Treasurer's Use Only

Check # Check Date Check Amount

_____ \$ _____

Treasurer's Signature: _____