

CHS Choral Boosters Check Request Form

Requested By: _____ **Date:** _____

Payable To: _____ **Amount: \$** _____

_____ **Give To:** _____ **OR**

_____ **Mail To:** _____ **City/State:** _____ **Zip:** _____

<u>Description of Expense</u> (be as specific as possible):	Amount:
_____	_____
_____	_____
_____	_____

(Use other side for additional expenses)

TOTAL: _____

Attach Receipts

Choir: LC EN CS SE

Other: (Director, Tech, Wardrobe, Booster Board, etc.): _____

Expense: Check if you know where it applies

- | | |
|---|---|
| <input type="checkbox"/> Administration
<input type="checkbox"/> Banquet
<input type="checkbox"/> Competition/Festival
Which One? _____
<input type="checkbox"/> Concert
<input type="checkbox"/> Fundraiser
<input type="checkbox"/> Hospitality
<input type="checkbox"/> Transportation | <input type="checkbox"/> Choreography
<input type="checkbox"/> Equipment
<input type="checkbox"/> Music & Arrangements
<input type="checkbox"/> Gifts
<input type="checkbox"/> Wardrobe/Props
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|---|---|

Treasurer Use Only

Date Paid: _____ **Check #** _____

Notes/Comments: