

SPARTANS ATHLETIC BOOSTER CLUB, INC.
Request for Check

Sports Club _____ **Person Requesting** _____

Date _____ **Amount of Check** _____

Make Check Payable To: _____

Address: _____

Purpose/Reason _____

Was Expenditure Budgeted? Yes ____ No ____ **Fiscal Year** _____

All receipts pertaining to the purchase of the items or service above must be submitted with this check request. A check will not be issued without receipts.

Check requests for budgeted expenditures require the approval and signature of the Sports Club President. Check requests for non-budgeted expenditures also require approval and signature of the Booster Club President.

Sports Club President _____ **Date** _____

Booster Club President _____ **Date** _____

Treasurer's Use Only

Date Issued _____ **Check No.** _____

Amount \$ _____ **Posted** _____

Comments _____

Booster Club Treasurer _____