

PSHS SWIMMING & DIVING BOOSTER CLUB

CHECK REQUEST

Event: _____
Date: _____
Submitted by: _____
Phone: _____
Email: _____

VENDOR INFORMATION

Name: _____
Payee on Check: *(if different)* _____
Address of Payee _____
Date Check is needed _____
Check Amount: _____

Reason for Check :
(Attached receipt/contract/other documentation as appropriate)

Approved by Booster club president:

Approved by Booster club treasurer: