

TOHS Band Boosters

Request for Payment

Use Separate Requests for Unrelated Expenditures

Date of Request _____

Date of Purchase _____

Description of expense _____

Budget Category _____

Check Request made by:

Name _____

Phone _____ Signature _____

Make check payable to _____

In the amount of \$ _____
 (itemize receipts in the box on the right and then attach receipts)

Mail
 Address: _____

Hand off _____

Is the expenditure approved in the budget? Yes No

Vendor	Amount
_____	____.____
_____	____.____
_____	____.____
_____	____.____
_____	____.____
_____	____.____
_____	____.____
_____	____.____
_____	____.____
Total	____.____

Executive Board Member Approval