

LVHS ATHLETIC BOOSTER CLUB CHECK REQUEST FORM

Date: _____

Party to be Paid: _____

Mailing Address: _____
(Not necessary if
address is on the
bill) _____

Amount of Check: _____

Sport: _____

Purpose: _____

Request By: _____

**IF SEEKING REIMBURSEMENT, ATTACH RECEIPTS.
IF A BILL NEEDS PAID, PLEASE ATTACH A COPY OF THE BILL**