

**KENNEDY TITANS BOOSTER CLUB  
CHECK REQUEST FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 TEAM ACCT: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_  
 AMOUNT REQUESTING: \_\_\_\_\_  
 RECEIPTS ATTACHED (Y/N): \_\_\_\_\_ ADVANCED (Y/N): \_\_\_\_\_

AMOUNT	ITEMS
\$ -	_____
\$ -	_____
\$ -	_____
\$ -	_____
\$ -	_____
\$ -	_____
<b>\$ -</b>	<b>TOTAL</b>

Requests for reimbursement must be submitted no later than 90 days after the date of the vendor's bill/receipt and not past Booster's fiscal year, which ends July 31.

**Varsity Coach's Signature** \_\_\_\_\_  
 \_\_\_\_\_

Request presented to Booster Board on: \_\_\_\_\_  
 Request was: \_\_\_\_\_ Approved  
                   \_\_\_\_\_ Hold  
                   \_\_\_\_\_ Rejected

CHECK INFORMATION		
Number:	Date:	Amount

\_\_\_\_\_  
 (Treasurer Signature) \_\_\_\_\_ (Date)  
 \_\_\_\_\_  
 ( President Signature) \_\_\_\_\_ (Date)