

West Millbrook Middle School Boosters

8115 Strickland Road Raleigh, NC 27615

Office: 919-870-4050

Fax: 919-870-4064

<http://westmillbrookmsboosters.weebly.com/>

2016-2017 Check Requisition Form

Submit to Boosters Treasurer in Sealed envelope with Receipt(s)

1. Please fill out the form completely. Invoices/Receipts **must** accompany form to be reimbursed.
2. If immediate payment is required (for example, an invoice that must be paid within 14 days) or special arrangements have been made; please notify _____ at the time this form is submitted.
3. Check requests will be picked up at school every week and checks mailed or delivered to the school the following week.

Today's Date ___/___/___ Requested By: _____

Athletic Director Approval (signature): _____

Purpose of Expenditure:

Amount of Check: \$ _____ Date Check Needed By: ___/___/___
Please highlight if date is within 14 days

Check Payable To: _____

Send Check: Name or Company _____
(if applicable)

Street: _____

City, State, Zip: _____

Treasurer's Use Only

Approved By: _____

Check # _____

Budget Category _____

Check Date _____