

PESH XC Booster Club

Check Request

Please fill out completely, attach any necessary documentation and submit to Treasurer.
Please allow 72 hours to process.

Date: _____

Name: _____ Email: _____ Phone: _____

Make check payable to: _____

Budget line item to Debit: _____

**A check cannot be issued if there are not sufficient funds remaining in the budget line item specified.*

Invoice # / Event Date	Description	Amount*
TOTAL		\$ -

- Check one:
- Will pick up from Treasurer
 - Mail to vendor / payee: _____

(address)
 - Other: _____

Submitted by: _____

(Signature)

Approved by: _____

President

Received by: _____

Treasurer

Treasurer Notes	
Receipt Rec'd? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Paid: _____
Check # _____	Account(s) <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>
Amount _____	Initial Acct Bal: _____
	Exp. on this ck: _____
	New Acct Bal: <u> - </u> <u> - </u> <u> - </u>