

Richardson Area Band Club Check Request

check #	
date	
amount	

Make Check Payable To:

Name: _____
 Address: _____

payment delivery	
mail	<input type="checkbox"/>
hand delivery	<input type="checkbox"/>

Instructions:

- 1) Indicate the budget line item against which each expense item is to be charged
- 2) Unless otherwise indicated, the Treasurer will mail the payment to the payee
- 3) Receipt(s) and/or invoice(s) must be attached

Item	Budget Account	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check requested by:

School _____
 Name: _____ Date: _____ Phone: _____

Approved by (2 signatures required):

President

Treasurer

3rd Signer

School initiated - signed by Director