



# Check Request Form

This form may be used to request checks payable to vendors on behalf of CHS Band Boosters, or to request reimbursement for expenses paid on behalf of CHS Band Boosters.

Please fill out this form, **attach all receipts or invoices** and 1) mail to CHS Band Boosters, PO Box 1656, Coppell, TX 75019, or 2) drop in the band hall lock box, or 3) hand to a treasurer.

Sales Tax will not be reimbursed. If you need a tax exemption form, send an email (**before** you make your purchase) to [treasurers@chsbandboosters.com](mailto:treasurers@chsbandboosters.com) to request one.

Request submitted by: \_\_\_\_\_

Request date: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Amount: \$ \_\_\_\_\_.

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail to: \_\_\_\_\_  
\_\_\_\_\_

Or call for pick up Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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## FOR TREASURER USE:

Check Number: \_\_\_\_\_

Mailed / Delivered on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Init: \_\_\_\_\_