



Team Account Balance: \$ _____
_____ / _____
Approve for Purchase Date

St. Dominic Savio Request for Check (Booster)

REQUESTER FILLS IN THIS SECTION.

Date of Request: _____

Person Requesting: _____

Make check payable to: _____

Address _____

Mail _____ Hold for pick-up by _____ on _____ Return to Requester _____

Amount of check: \$ _____

Purpose: _____

Account to be billed (Acct # and Description): _____

Note: If item has already been purchased, please attach a copy of the original receipt to this form. Otherwise, provide a copy of the original receipt as soon as possible after purchase.

NOTICE:

Approval must be obtained on all purchases. Failure to obtain approval may result in the purchaser having to incur the expenses. Signature of the President or Principal is required before check will be issued.

Athletic Director: _____ Date: _____

Booster Treasurer: _____ Date: _____

President/Principal: _____ Date: _____