

Tustin High School - _____ Boosters
Check Request Form

Date: _____	Account Name: _____	_____
Purpose of Purchase/Reimbursement: 		
Check Amount: _____	_____	

Check Payable To: _____

Complete Address: _____

Requested by: _____ (Print Name) _____ (Signature)



Approved by: _____ (Print Name) _____ (Signature) **Date** _____
(Committee Chairperson)

Date Check Issued: _____ **Check Number:** _____