

Check Request  
Lafayette Band Boosters

Your Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_

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

Band Category: \_\_\_\_\_

Chair approval if over \$50.00 \_\_\_\_\_

Note: all requests for check payment must be made no later than 30 days after the event.

Pd by \_\_\_\_\_ Date paid \_\_\_\_\_ Check # \_\_\_\_\_

Attach receipts to back of this form.