

**PRIDE Booster Club, Inc**  
**CHECK REQUEST FORM**

Check Amount: \$ \_\_\_\_\_

To: Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Tax ID: \_\_\_\_\_

*(for services provided by an individual, not a company; not required for reimbursement)*

Description of Expense: \_\_\_\_\_

**ACCOUNTING:**

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email: \_\_\_\_\_

PRIDE Budget Item: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Authorization to pay: \_\_\_\_\_ Date: \_\_\_\_\_

**PROCEDURE:**

Please complete the entire form. Attach original receipts and documentation, if needed, that explains the nature of the expense. Retain copies for your records. Deliver to the PRIDE Treasurer or leave in the PRIDE mailbox in the school office. Please allow 1-2 weeks for processing.

**Internal Use Only:**

Check #:	Date Mailed:	Input in QuickBooks:
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