

CENTER GROVE TROJAN BAND BOOSTERS, INC.
PO BOX 1161 • GREENWOOD, IN 46142

CHECK REQUEST

DATE NEEDED: _____ AMOUNT: _____

MAKE CHECK PAYABLE TO:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SPECIAL MAILING INSTRUCTIONS: _____

PURPOSE: _____

REQUESTED BY: _____ DATE: _____

APPROVED BY CHAIRPERSON: _____ DATE: _____

APPROVED BY OFFICER: _____ DATE: _____

NOTE: *IF REIMBURSABLE TO INDIVIDUAL, PLEASE ATTACH ALL RECEIPTS WITH NOTATIONS AS TO PURCHASES.*

FOR ACCOUNTING ONLY:

CHECK # _____ DATE ISSUED: _____

BUDGET LINE ITEM: _____