

Millbrook Band Boosters

CHECK REQUEST FORM

PERSON SUBMITTING REQUEST: _____

BUDGET CATEGORY: _____

TOTAL AMOUNT: _____ **SALES TAX:** _____

PURPOSE: _____

DATE SUBMITTED: _____

DATE NEEDED: _____

Please attach receipts, invoices, order form, etc.

Treasurer use only

DATE PAID _____

CHECK # _____

INITIALS _____