

CHECK # _____

**HBHS BASEBALL BOOSTERS
CHECK REQUEST FORM**

NOTE: Original receipt(s)/invoice(s) must accompany all check request forms. Reimbursement will only be made if the expense has been approved as part of the HBHS Baseball Booster operating budget AND (if applicable) by the event/committee chairperson. A check will be mailed directly to you at the address that you list below.

Date: _____

Issue check payable to: _____

In the amount of: _____

Reason for the check: _____

Person requesting the check: _____

Contact: Phone _____ Email Address _____

Address: _____

Are original receipts/invoices attached? _____ (must be attached)

If part of a program or event, the event/program committee chairperson approval is required:

Chairperson: (name) _____ (signature) _____

(Event) _____

Expense Reimbursement approved by HBHS Baseball Booster Treasurer:

Treasurer Name: _____ (signature) _____

Approval Date: _____

Check #: _____

Budget Line: _____

Treasurer: Terri Yost, 6542 Oakhurst Circle, HB, CA 92648, (714)642-5731 oilersbaseballtreasurer@gmail.com