

CHECK REQUEST FORM

LCHS Choral Boosters

Date: _____
Name: _____
Amount: \$ _____
Description: _____

Check payable to: _____

Officer signature: _____
Treasurer signature: _____
Check#: _____ Rcpt. attached: _____
Date issued: _____

CHECK REQUEST FORM

LCHS Choral Boosters

Date: _____
Name: _____
Amount: \$ _____
Description: _____

Check payable to: _____

Officer signature: _____
Treasurer signature: _____
Check#: _____ Rcpt. attached: _____
Date issued: _____