



Meridian Football Booster Club  
Check Request Form



Date of Request: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

- Request for Reimbursement (must be submitted within 30 days)
- Request for Payment of Invoice/Bill
- Other \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Home/Vendor Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Type of Expense:

- Fundraising - Name & Date of Event \_\_\_\_\_
- Program Expense: (ex: concessions, apparel, banner, etc)
- Other \_\_\_\_\_

Expense details:

Approved by:

Committee Chairperson

Printed: \_\_\_\_\_

Signed: **X** \_\_\_\_\_

Treasurer

Printed: \_\_\_\_\_

Signed: **X** \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check number: \_\_\_\_\_