

## Seaholm Band Boosters/Bands Check Request Form

**Please complete this form for expenses incurred on behalf of Seaholm Band Boosters/ Bands.**

1. Check request may be completed for reimbursement of band volunteer out of pocket expenses or for direct payment to a vendor.
2. Please attach all original receipts (s) or vendor invoice (s) to this check request.
3. Submit this form and expense documentation to the Seaholm Band Boosters/Band Treasurer:

Pam Righter 965 Adams Castle Drive Bloomfield Hills, MI 48304

Requested by: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Issue Check to: Name \_\_\_\_\_ Date Requested: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Expense description: \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_

For Treasurer Use: Check # _____	Date Issued: _____
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Amount of check \$ _____	Budget Line Item _____
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