

Henry Clay High School Band Boosters, Inc

P.O. Box 22355
Lexington, Kentucky 40522

CHECK REQUEST

Date: _____

Payee name: _____

Purpose of check: Reimbursement for expenses (attach documentation)
 Payment for goods and/or services (W-9 Required if individual)
 Check here if W-9 already on file
 Other _____

Distribution of check: Deliver to School
 Deliver to _____
 Mail to _____

 Other _____

Check requested by: _____

| Budget Area/Committee | Amount | Brief Description of Expense |
|-----------------------|--------|------------------------------|
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| Total: | | |

Special Instructions/Comments:

For office use only:
 Date Paid ___/___/___ Check Number _____