

**GLENBARD SOUTH BOOSTERS
CHECK REQUEST FORM**

Check requested by _____ Date _____

Signature _____
(Must have Committee Member Signature)

Address _____ Phone No. _____

Please issue a check **Payable To:** _____
_____ Amt.\$ _____

This payment is for the following expenses (PLEASE BE SPECIFIC)

ACCOUNT _____

EVENT _____ **DATE** _____

Items purchased:

Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attach a receipt for all purchases. Photocopies of receipts will be accepted.

Please mail or drop off this form with all receipts to:

Cari Harks
2S. 415 Gray Ave.
Lombard, IL 60148
620-9083
charks@comcast.net