

# Skunk Works Robotics Booster Club

## CHECK REQUEST FORM

Payable to (name): \_\_\_\_\_

Address: \_\_\_\_\_  
*(required for mailing)*

Phone (circle): \_\_\_\_\_  
 Cell Work Home

Requestor/Committee Name: \_\_\_\_\_

Line Item: \_\_\_\_\_

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Booster Officer Approval

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Coach Name  
*(approving team expenses)*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Receipt Description  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**NO CHECK WILL BE ISSUED  
 WITHOUT COPIES OF  
 RECEIPTS, INVOICE OR  
 CONTRACTS ATTACHED  
 TO CHECK REQUEST FORM**

**Total Check Request Amount:** \$ \_\_\_\_\_

Comments &/or special instructions: \_\_\_\_\_  
 \_\_\_\_\_

**FOR TREASURER USE ONLY**

Check Date: \_\_\_\_\_ Check #: \_\_\_\_\_ 2nd Officer Approval \_\_\_\_\_