

Oakton High School Drama Boosters

CHECK REQUEST

Date:

Amount of Request:

Event Name:

Description:

Check Payable (name and address) to:

Mail check? Yes No - if NO what arrangements should be made?

Requester's Name:

Requester's Signature:

IMPORTANT: Receipts must be attached unless this is a request for an advance.

Treasurer only

Check # Date check issued:

Account to be Charged:

Treasurer's signature: