

**St. Charles East High School Drill Team Boosters
1020 Dunham Road
St. Charles, IL 60174**

CHECK REQUEST FORM

Date: _____

Committee: _____

Name: _____

Check Request Amount: _____

Submit payment to:

Name: _____

Address: _____

Phone Number; _____

Type of Expense

Receipts for expense must forwarded to Treasure within 5 days of the invoice due date. Please attach the invoice to the request.

Approved By: _____ *Payment can only be made with an approval from the committee chair or a Governing Board Member.*

For Treasurer's records:

CK# _____ CK Amount _____ Date _____ Category _____

Updated 6/13/06