

WKHS BAND BOOSTERS REQUEST FOR CHECK

Please fill out Steps 1-5 and attach original bill/invoice and give to one of the band directors or mail to:

Lori McDonald, Treasurer
WKHS Band Boosters
1695 Rushing Way.
Columbus, OH 43235
treasurer@kilbournebands.org

1. Today's Date: _____
2. Name of Person/Company Check issued to: _____
Remittance Address if mailed: _____

3. Purpose of Expenditure**	Amount
_____	_____
_____	_____
_____	_____
_____	_____

4. Date check needed at Place/Company _____
5. Signature _____

**Include Name of fundraiser, band function, band group, student activity account name, and/or type of expense.

Paid Ck # _____ Date _____