

# RHS Drama Boosters

## Check Request

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If you are requesting a check in advance of paying for something, complete the top portion of this form. If you have already paid for an approved expense and wish to be reimbursed, complete the lower portion of this form and be sure to attach your receipt.

### Request for Check in Advance

Make Payable to: \_\_\_\_\_

Amount: \$\_\_\_\_\_ Date Needed By: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Paid w/ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

### Request for Reimbursement

*(Be Sure to Attach Your Receipt(s) to This Request)*

Make Payable to: \_\_\_\_\_

Original Payment  
Was Made to: \_\_\_\_\_

Amount: \$\_\_\_\_\_ Date Originally Paid: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Paid w/ Check #: \_\_\_\_\_ Date: \_\_\_\_\_