

Anderson High School Swimming Booster Club, Inc.



Check Request Form

Committee: _____

Requested By: _____

Email Address: _____

Date of Request: _____

Amount: \$ _____

The Booster Club does not reimburse for sales tax. Sales Tax Exempt #32 06509490. Form available online at trojanswimming.com/booster-club/.

Explanation of Expense: _____

Check One: Should the Treasurer...

Send you a **Reimbursement Request** (please attach original receipts)

Send a **Check to a Vendor** (please attach a copy of the vendor order form to this form) The check will be mailed directly to the vendor..

Vendor Name: _____

Vendor Address: _____

Treasurer's Use Only _____

Check #: _____

Date Issued: _____

Treasurer's Signature: _____