

Battlefield High School Choral Booster's  
Check or Reimbursement Request

Name: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

To whom check should be made payable: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  Disapproved By: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(President or Financial Treasurer)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Vice President or Financial Treasurer)

Money Disbursed (Date): \_\_\_\_\_ Check No: \_\_\_\_\_

Cash Amount: \_\_\_\_\_