

Grady Grey Knights Athletics Booster Club
Check Request Form- Team/Club Funds
 revised 8/2015

Request Date: _____

Person making request: _____

Phone and email: _____

Related Sport: _____

Check Payable to: _____

Is this reimbursement request or request to pay vendor directly: _____

Vendor name and address	Description		Amount

TOTAL _____

NOTE: If item has been purchased already, itemized receipt showing payment MUST be attached.
 All receipts must be submitted in timely fashion.
 All information and signatures must be completed BEFORE submission to Treasurer.
 Treasurer will not cut checks w/o approvals signed off on. Treasurer is not responsible for obtaining approvals.
 Individual sports must have coach approval, other requests must have either AD or ABC approval.
Slade Memorial Fund payments must be approved by Athletic Director

Coach Signature: _____ Related Sport: _____ Date: _____

Athletic Director Approval: _____ Date: _____

GGKABC President Approval: _____ Date: _____
 (if necessary)

Date Paid and check # _____ (completed by Treasurer)