

Please send all requests to:

Boosterbills@medinabees.org

Standardized Check Request Form

Name of Person/Group requesting check:

Pay to the Order of:

Total amount to be paid:

Total Bucket Distribution:

Date needed by:

Check Delivery Instruction:

- *Pick Up (By?)*
- *Drop Off (Where?)*
- *Mailed (Address?)*

Reason for Check:

Approved By:

Invoice or Initial Request information must be included to support the expense.

No check will be cut without all this information and approval.

Thank You.