



# NAHS Athletic Booster Club

## Check Request

Date of Request: \_\_\_\_\_

Person requesting: \_\_\_\_\_

Sport/Budget to be charged: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Amount of check: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Signature of requestor: \_\_\_\_\_

**Note: If item has already been purchased, please attach receipt to this form. Otherwise, other approved documentation is required.**

**Approval** \_\_\_\_\_ **Date** \_\_\_\_\_  
Athletic Director, NAHS Booster Club Board Member, Coach or Team Parent

*Treasurer: Judy Knighten E-Mail: jknighten@bellsouth.net Phone: 404 317-7820*

### FOR TREASURER'S USE ONLY

Date issued	_____	Check Number	_____
Budget Charged	_____		
Receipt Received	_____		
Comments	_____		
Treasurer's Signature	_____		

