

Folsom High School Music Boosters CHECK REQUEST

Name to Appear on Check:	_____
Address:	_____
City/State/Zip:	_____
Phone Number:	_____
Contact Name (if different than above):	_____
Email:	_____
Vendor SSN or EIN	_____

Event/Purpose:	_____
Amount:	\$ _____
Due Date:	_____
Distribution Instructions:	<input type="checkbox"/> US Mail <input type="checkbox"/> Will Be Picked Up by _____ <input type="checkbox"/> Other _____
Additional Instructions:	_____

Our organization is NOT EXEMPT from paying Sales Tax. Do not give our Tax ID Number to Vendors/Merchants for this purpose.

Date

Requested by: _____

Approved by: _____

Event Chairperson Treasurer Vice President President
 Event Chairperson or one Board Member signature required for disbursement

DIRECTIONS:

- Attach Invoice/Estimate to this form.
- Allow at least 7 business days for payment to be processed.
- Completed reports can be submitted in the following manner:
 - Booster General Meetings
 - Dropped off in Music Room Office
 - Mailed to: FHS Music Boosters, PO Box 1464, Folsom CA 95763-1464

FOR OFFICE USE ONLY

PAID: _____ / _____ / _____ CHECK # _____ SV PW WF US AMOUNT: _____