



Lake Highlands Area Band Club

CHECK REQUEST

**Note: Please avoid paying sales tax by using a Sales Tax Exemption Form.
Refer to your binder, handbook, or Treasurer for a copy.**

To: Treasurer – LHABC

Date of request: _____

*Please complete entire form with receipts attached and place in the Treasurer's box in the Band Hall conference room, OR scan and email **all to Tricia Boone at triciajboone@yahoo.com** Band hall is open M-F, 7am - 11am and 2pm - 6pm for drop off. Checks will be cut on Thursdays.*

Date check needed: _____
(ASAP will be treated as 7-day turnaround request.)

School (circle one): LHHS FMJH LHJH

Please issue a check in the amount of: _____

Make Check Payable to: _____

Address: _____

Purpose of Check *(List items and amounts in detail):* _____

Attach ALL receipts (copies and scans acceptable)

Choose one: Mail Check to Payee Deliver check to Band Hall Other (specify): _____

Required information for internal accounting purposes (Please complete in full):

Which LHABC Budget? _____
(For example: Social, Hospitality, etc.)

What Line Item within that budget? _____
(Example line items for Budgets shown above: Band 101, Teacher Appreciation lunch, Trinkets)

Requested by: _____

Approved by: _____
(if not submitted by Committee Chair)