

# Seminole High School Band Parent Association Check Requisition

Date: \_\_\_\_\_

Check made payable to: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Quote/Receipts Attached: Y \_\_\_ N \_\_\_

Event/Activity and description of item: \_\_\_\_\_

\_\_\_\_\_

Budget Line Item: \_\_\_\_\_

Requested By: \_\_\_\_\_

Title: \_\_\_\_\_

Authorized By: Budget \_\_\_\_\_

Executive Board \_\_\_\_\_

President \_\_\_\_\_

## PLEASE ATTACH RECEIPTS

To Be Completed by Treasurer

Date check issued: \_\_\_\_\_

Check number: \_\_\_\_\_

Delivery Method: Mailed \_\_\_\_\_ Handed To: \_\_\_\_\_