

Seminole High School Band Parents Association

Check Requisition Form

(all reimbursements must be approved by Executive Board or Band Director)

Today's Date: _____ Name: _____

Amount: \$ _____ Check payable to: _____

Description of item/event/activity: _____

Attachment **(required)**

- ☐ Receipt
- ☐ Invoice
- ☐ Quote
- ☐ Other: _____

Approved by: _____

Check delivery option **(pls check one)**

- ☐ By mail - address (no PO Box, pls):

- ☐ In person - cell phone # (our Accounts Payable Treasurer will text you to arrange pick up)

To Be Completed by Treasurer

Check dated: _____ Check #: _____ Date check mailed/picked up: _____