



**NOVATO HIGH SCHOOL BOOSTERS CLUB
CHECK REQUEST FORM**

REQUESTOR'S NAME	DATE	
CHECK PAYABLE TO	SPORTS PROGRAM	
MAILING ADDRESS FOR CHECK	REQUESTOR'S PHONE/EMAIL	
INVOICE#/DESCRIPTION ATTACH ALL RECEIPTS	AMOUNT	EXPENSE CATEGORY <i>(ie. uniforms, equipment, awards, travel, etc.)</i>
<input type="checkbox"/> Send check to vendor <input type="checkbox"/> Notify me when check is ready Date check is needed: _____	\$ -	TOTAL:

 *Head Varsity Coach or his/her authorized designee must sign all requests Date

 Athletic Director Signature Date
Required if personal reimbursement > \$150 or vendor payment > \$500

Please note: No checks will be written unless there are sufficient funds in your account.
 If you need to know your account balance, please contact Denise McIntyre at mdmc@pacbell.net
 Please obtain the required signatures and drop off in the Booster box in the school office, mail to PO Box 523 Novato, CA 94948-0523, or email to NHS Sports Boosters Treasurer: Kiersten Ross at kiernbill@comcast.net

You can download this form here:
www.novatohighathletics.org/sports-boosters.html