

CHECK REQUEST VALLEY VIEW BOOSTER CLUB

Treasurer's Notes:

Date Rec'd: _____

Date Paid: _____

CHECK #: _____

Please complete the following information and:

1. **Attach all paid receipts or other supporting documentation** and submit to school office to be placed in the Booster Club mail box OR you may mail to VV Booster Club, 1201 Capital of Texas Highway, Austin, Texas 78746 (attn: Treasurer).
2. **Committee chair must sign the check request** and ensure check request is complete and accurate. Payment will only be made if an approved amount is in budget.
3. **Sales tax cannot be reimbursed.**
4. **Please include original receipts, and also keep a copy of all papers for your records.** If you have loose receipts, please tape to an 8 1/2 'by 11' paper.
5. Checks are mailed directly to the payee on the **15th** and **30th** of the month. Please have your check requests submitted to the Treasurer box by the **8th** and **22nd** to be processed timely.

Remember; please plan ahead for timely payments.

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Requested by: _____ Date: _____

Requestor's phone number: _____

Committee Chair Approval **Signature:** _____ Date: _____

Committee Name: _____ Expense category: _____

Make Check Payable To:

(Name) _____

(Address) _____

(City, State, Zip) _____

Brief Description of Item(s) Per Receipt	Total Per Receipt
Total Amount Requested	