



Hillgrove Band Boosters Association

CHECK REQUEST

PAY TO|:

ADDRESS:

CITY, STATE, ZIP:

REQUESTED BY:

DATE:

EXPENSE GROUP	
<input type="radio"/> Marching Band	<input type="radio"/> Concert Band
<input type="radio"/> Color Guard	<input type="radio"/> Winter Guard
<input type="radio"/> Administrative	
<input type="radio"/> Other _____	

EXPENSE AMOUNT	DESCRIPTION
\$ _____	_____
\$ _____	_____
\$ _____	_____
CHECK TOTAL	\$ _____

Signature: _____ Approved by: _____

Check Total \$ _____ Check # _____ Date _____ Issued by _____

****Please attach documentation/invoice to this form. Check requests must be approved by the HBBA President or Band Director. Checks will be issued within 1 week from request.**