



Lake Highlands Area Band Club

CHECK REQUEST

*Note: Please avoid paying sales tax by using a Sales Tax Exemption Form.
Refer to your binder, handbook, or Treasurer for a copy.*

To: Treasurer – LHABC

Date of request: _____

Date check needed: _____

(ASAP will be treated as 7-day turnaround request.)

School (circle one):

LHHS

FMJH

LHJH

Please issue a check in the amount of: _____

Make Check

Payable to: _____

Address: _____

Purpose of

Check (List items and amounts in detail): _____

Attach ALL receipts (copies and scans acceptable)

Choose one:

Mail Check
to Payee

Deliver check
to Band Hall

Other (specify): _____

Required information for internal accounting purposes (Please complete in full):

Which LHABC Budget? _____

(For example: Social, Hospitality, etc.)

What Line Item within that budget? _____

(Example line items for Budgets shown above: Band 101, Teacher Appreciation lunch, Trinkets)

Requested by: _____

Approved by: _____

(if not submitted by Committee Chair)