

RHS Drama Boosters

Check Request

If you are requesting a check in advance of paying for something, complete the top portion of this form. If you have already paid for an approved expense and wish to be reimbursed, complete the lower portion of this form and be sure to attach your receipt.

Request for Check in Advance

Make Payable to: _____

Amount: \$_____ Date Needed By: _____

Description: _____

Submitted by: _____ Date: _____

Phone: _____

Approval: _____ Date: _____ Paid w/ Check #: _____ Date: _____

Request for Reimbursement

(Be Sure to Attach Your Receipt(s) to This Request)

Make Payable to: _____

Original Payment
Was Made to: _____

Amount: \$_____ Date Originally Paid: _____

Description: _____

Submitted by: _____ Date: _____

Phone: _____

Approval: _____ Date: _____ Paid w/ Check #: _____ Date: _____