Marshall High School Booster Club

Check Request

(This form must be filled-out completely for further processing.)

Please prepare a check for $_____ payable as follows:

Name: _____

_____

Address: _____

_____

City: _____ State: _____ Zip Code: _____

Date needed: _____

Reason for check request: _____

_____

_____

Instructions: _____

Mail to above addressee:_____(Yes)_____(No)

DESCRIPTION	AMOUNT
Check total:	

Requested by: _____

Approval: _____

Date: _____

Paid by Check Number_____

Check date_____