Marshall High School Booster Club

Check Request

Please prepare a check in the amount of $_____

Name: _____

Address:_____

City:_____State:_____Zip_____

Date Needed: _____

Reason For Check: _____

_____

_____

Special Instructions: _____

Mail to Above Address: (YES)_____ (NO)_____

Description	Amount
CheckTotal	

Requested by:_____ Date: _____

Approval: _____ Date: _____

Paid by Check Number:_____

Check Date:_____