



PARK TUDOR CHECK REQUEST - BOOSTER CLUB

Date of Request _____

Date Needed _____

Payable to _____ Amount _____

Purpose

Account Name: BOOSTER CLUB

Requested by _____

Authorized Signature _____
Elizabeth Miller, (Booster club president 2020-2021)

Authorized Signature _____
Business Office Representative

If this check is to be mailed please provide the address:

* **Attach receipt** (please note, Park Tudor is a 501(c)3, non-profit sales tax exempt organization. Sales tax will NOT be reimbursed.)