

OLW Athletic Boosters Association
Check Request Form

Use form to:

- Request reimbursement for expenses you paid for
- Request a check to be paid to a business or person for goods or services for the OLW Athletic programs

Name of Check Payee: _____

Address of Payee: _____

Amount of Check: _____

Reason for Expense: _____

Date Check is Required: _____

(Please allow at least 48 hours from time Treasurer receives check request)

Requested by & Date: _____

Approved by Booster officer & Date: _____

Please attach all related receipts. For expenditures such as referee fees with no related receipts, please provide the following information:

Game Date: _____

Dollar Amount per Game: _____

Number of Games Paid For: _____

Other Relevant Information (if any): _____

Treasurer Use ONLY – Check Number and Date: _____