

**SHS Band & Color Guard**  
**CHECK Request**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Pay To: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Expense: \_\_\_\_\_

Business Purpose of Expense: \_\_\_\_\_

Person Requesting Payment: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Please note that all documentation must be attached to this form. All check requests must be approved by the SHSBAC President or Band Director.**

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