



WILLIAM B. TRAVIS HIGH SCHOOL PROJECT GRADUATION 2010

CHECK REQUEST FORM

Date: _____

Submitted by: _____ Phone #: _____

Check amount \$ _____

Payable to: _____

Address: _____

This disbursement should be charged to the following account:

- _____ Fundraiser (*name*) _____
- _____ Prizes _____
- _____ Games _____
- _____ Other _____

Note: THS ProGrad is Sales-Tax Exempt. **Sales tax will not be reimbursed.**

Note: Original invoice(s) / receipt(s) must be attached to this request. Keep a copy for your committee records as required. Receipts must indicate that payment was made for reimbursements.

APPROVED _____ Date _____
Committee Chair / ProGrad Chair/Co-chair

Do not write below this line

Check issued: date _____ check no. _____ issued by _____