

# CGHSMA Check Request

Activity or Event \_\_\_\_\_

Date \_\_\_\_\_

List purchase(s)—receipts or invoice required

Source	Item(s)	Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Requested \_\_\_\_\_

Submitted by \_\_\_\_\_ Phone \_\_\_\_\_

This must be submitted by the person authorized to spend these funds. Some examples:

**Budget Category**

- Activities/Events
- Band/Guard/Orch
- Curriculum
- Office Supplies

**Person Authorized**

- Board Member / Chairperson
- Appropriate VP
- Music Director, Guard Director, Clinician, Specialist
- Office Mngr, VP Admin, President

Make check payable to:

Name (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

Have you

- stapled all receipts or invoices to the back of this form?
- included an addressed envelope? (no stamp necessary)

Place in Treasurer's box in the Music office or mail to the Treasurer. Allow 2 weeks for processing.

*For Treasurer's Use Only:*

Date Paid	Account #
Check #	Account Name