

# NORTH HUNTERDON HIGH SCHOOL BOOSTER CLUB

## CHECK REQUISITION FORM



### IMPORTANT NOTICE:

This form must be filled out completely and correctly to prevent delays in processing and monies credited to the appropriate BC accounts. Checks are processed on Saturday and sent out by Monday for all approved expenditures. All reimbursement requests must be submitted within 30 days with the original receipt OR if purchased online, a full invoice/bill.

### The following information MUST be included:

Actual goods purchased, date of purchase, if paid- form of payment, and the merchant who sold the goods. ***Tax is not reimbursable as we are non-profit.***

Event Date: \_\_\_\_\_  
Requested by: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Committee OR UC TEAM: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Issue Check Payable to: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Amount: \_\_\_\_\$ \_\_\_\_\_

### Charge expense to:

<input type="checkbox"/> Administrative	<input type="checkbox"/> Coach Appreciation Day
<input type="checkbox"/> Contributions/Charity/Gift	<input type="checkbox"/> Snack Shack (Indoor)
<input type="checkbox"/> Snack Shack (Outdoor)	<input type="checkbox"/> Insurance Expense
<input type="checkbox"/> Kitchen Equipment	<input type="checkbox"/> Membership
<input type="checkbox"/> Raffle Expense	<input type="checkbox"/> Senior Athlete Gifts
<input type="checkbox"/> Scholarships	<input type="checkbox"/> Banquet
<input type="checkbox"/> Spirit Clothing	<input type="checkbox"/> Postage
<input type="checkbox"/> Team UC Account (Team: _____)	
<input type="checkbox"/> Previous Approved Exp: _____	

Notes: \_\_\_\_\_

Submit to: NHHS Booster Club Treasurer

Cherie Sklar

12 Fox Chase Turn

Pittstown, NJ 08867

*nhhsbctres@gmail.com*

Check # \_\_\_\_\_

Date of Check:

\_\_\_\_\_