



AHS Water Polo Team Booster Club, Inc.  
**Check Request Form**

**Committee:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_

The Booster Club does not reimburse for sales tax. We are sales tax exempt. Tax Exempt form is at [ahstrojanwaterpolo.com](http://ahstrojanwaterpolo.com).

Explanation of Expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check One: Should the Treasurer...

Send you a **Reimbursement Request** (please attach original receipts)

Send a **Check to a Vendor** (please attach a copy of the vendor order form to this form) The check will be mailed directly to the vendor..

Vendor Name: \_\_\_\_\_

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

\_\_\_\_\_

*Treasurer's Use Only* \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_