

**CHANTILLY MUSIC BOOSTERS
CHECK REQUEST FORM**

CHANTILLY HIGH SCHOOL
4201 STRINGFELLOW ROAD
CHANTILLY, VA 20151

Date of Request:

Make Check To:

Address:

City:

State:

Zip:

Social Security Number:

(for clinicians-service rendered)

Telephone:

Amount of Check:

(Attach receipts or invoice)

Payment Period:

Purpose:

Account Charged:

Budget Category:

Please send a check for payment or reimbursement. (Approval signatures are required.)

Do not send a check. I will consider this a donation. Please send a receipt to acknowledge the donation for income tax purposes. (No signatures are required.)

Approval:

Signature of Director

Authorizing Signature (Executive Officer)

Please mail to address indicated above.

Please give check to: _____