



CHECK REQUEST

STEPS TAKEN FOR ACCURATE FABC
CHECK REQUEST

ENSURE YOU HAVE THE FOLLOWING DOCUMENTS COMPLETED



CHECK REQUEST FORM FOR ATHLETIC BOOSTER CLUB

Date of Request _____
 Name of Requestor _____
 Email _____ Phone _____

Make Check Payable to _____
 Address _____
 Check Amount \$ _____
 Description of Purchase _____

Name of Sport Requesting Check _____
 Requestor's Signature _____

All receipts MUST be attached to this form if items have already been purchased. If purchase has been approved but not yet made, please submit receipts to treasurer within 5 days.

ADMINISTRATIVE TREASURER'S USE ONLY

Date _____ Check # _____ Check Amount _____
 Approved By _____ Treasurer Signature _____

*Located on FABC Forms site

Invoice

DATE: | Date
 INVOICE Invoice Number

FROM: Company Name
 Client Email Address
 Address 1
 Address 2

TO: Client Name
 Client Email Address
 Client Address 1
 Client Address 2

TERMS: Terms
 DUE: Due Date

Item Description	Quantity	Price	Amount
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Subtotal			\$ 0.00
Tax			
BALANCE DUE			\$ 0.00

*Make sure Invoice shows sport associated and description

EMAIL COMPLETED DOCUMENTS TO TREASURER@FULSHEAR-ATHLETICS.COM

*As long as Check Request documents are sent before Tuesday at 11AM, we will have the check back in the basket the next day after 2PM



CHECK REQUEST FORM FOR ATHLETIC BOOSTER CLUB

Date of Request _____

Name of Requestor _____

Email _____ Phone _____

Make Check Payable to _____

Address _____

Check Amount \$ _____

Description of Purchase _____

Name of Sport Requesting Check _____

Requestor's Signature _____

All receipts MUST be attached to this form if items have already been purchased. If purchase has been approved but not yet made, please submit receipts to treasurer within 5 days.

ADMINISTRATIVE TREASURER'S USE ONLY

Date _____ Check # _____ Check Amount _____

Approved By _____ Treasurer Signature _____

*Located on FABC Forms site

Invoice

DATE: | Date
INVOICE Invoice Number

FROM: Company Name
Client Email Address
Address 1
Address 2

TO: Client Name
Client Email Address
Client Address 1
Client Address 2

TERMS: Terms
DUE: Due Date

Item Description	Quantity	Price	Amount
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Subtotal			\$ 0.00
Tax			
BALANCE DUE			\$ 0.00

*Make sure Invoice shows sport associated and description