



Band Boosters of Oakton High School

CHECK REQUEST FOR VENDOR/INVOICE

Please scan and email this form and associated invoice to: treasurer@oaktonbands.org

Date: _____

Your Name: _____

Your Email: _____

Check Payable to: _____

Mail Check to: _____

Amount of Check Requested: _____ Invoice due date: _____

Description of Expenditure: _____

Signature of Requestor:

_____ Date: _____

Signature (or attach written approval) of Chairperson for this expense:

_____ Date: _____

NOTE

- An invoice totaling the requested check amount **MUST** be attached. Incomplete forms or forms without invoices or documentation of the requested expenditure amount will be returned.
- Chairperson approval is required for all expenditures. Please attach written approval or get a signature from the committee chair. Chairpersons can submit directly.

BBOHS USE ONLY

Check #: _____ Date of check: _____

Account to be charged: _____

Treasurer Signature: _____ Date: _____