LNC Athletic Booster Club

Check Request Form

- All fields must be complete and applicable paperwork must be included with the Check Request form or it will not be processed
- Funds from a team's account requires evidence of coach's approval (email or approved budget item)
- Check Requests will be processed within two weeks of date of submission
- Refer to Financial Procedures for additional information (available on LNC Booster Club website)

Date:				
Amount Requested:				
Requestor:		Email:		
Description of Reques	t:			
Invoice #				
Are Parents Reimburs	ing this Expense? Y	ES NO		
Have all monies been	deposited? YES	NO		
Note: Check requests s	hould not be submitted	until all funds have b	een deposited to cov	ver expense
Team Information:			HS or N	MS
Be specific which team	this is for (Varsity or JV,	boys or girls); subm	it coaches approval	with request
Check Information: C	opy of Invoice/Recei	pt must accompa	ny check request	
Make Check out to:				
Check Delivery Information (include complete mailing address if applicable)				
,			, ,	
Authorization Informatio	<u>n</u>			
Approved by:	 Date	:		
Check #:	Charged to:	Capital Funds	LNC Fund	Team Acct