Novato Athletics Boosters
Check Request Form

Requestor's Name	Date
Check Payable to	**Sports Program**
Mail Address for Check	**Requestor's Contact Information: Cell and Email**

Invoice Numbers Descriptions of Receipts	Amount	Expense Category (uniforms, equipment, awards, travel)

□ Send check to vendor
□ Notify me when the check is ready
Date check is needed: _____

$_____ **Total Amount**

Head Varsity Coach or his/her authorized designee must sign all requests Date

Athletic Director Signature Date
Required if personal reimbursement > $150 or vendor payment > $500

Please note: No checks will be written unless there are sufficient funds in your account.
If you need to know your account balance, please get in touch with Jennifer Cleary at jenclearysf@yahoo.com
Please obtain the required signatures and drop off in the Booster box in the school office, leave it with Athletic Director or email to NHS Sports Boosters Treasurer: Jennifer Cleary at jenclearysf@yahoo.com.