$$$

CHECK REQUEST FORM
GROSSE POINTE SOUTH CHOIR BOOSTERS

Date:

Pay to: ________________________________

Requested by: __________________________________

Amount: (please attach receipts) $

For: ____

(If professional service – include Social Security or Tax ID#)

- -

Date: _________________ Check # ___________________

Approved by: (Treasurer) ____

Requests greater than $500 must also be approved by the President: _________________

$$$

rev gos 01/06/2006