

**GLENBARD SOUTH BOOSTERS  
CHECK REQUEST FORM**

Check requested by \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_  
(Must have Committee Member Signature)

Please issue a check **Payable To:**

\_\_\_\_\_ Amt.\$ \_\_\_\_\_

**ACCOUNT** \_\_\_\_\_

**EVENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

This payment is for the following expenses (Please be specific)

**Items purchased:**

Item(s) Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**\*\*Sales Tax will not be reimbursed\*\***

***Please attach a receipt for all purchases. Photocopies of receipts will be accepted.***

Please mail or drop off this form with all receipts to:

Lori Galbreath  
593 Harding Ave  
Glen Ellyn, IL 60137  
630 790-1412