



## REQUEST FOR CHECKS PAYMENT/DISBURSEMENT

Liberty P.A.T.S.  
A non-profit public benefit corporation  
Tax ID No. 77-0524676

Request No. \_\_\_\_\_

Date of Request: \_\_\_\_\_ Amount: \_\_\_\_\_

Booster Club: \_\_\_\_\_

Event: \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Budget Category: \_\_\_\_\_

Signature of Booster Club Treasurer: \_\_\_\_\_

Signature of Booster Club Officer: \_\_\_\_\_

(Signatures must be in colored pen other than BLACK! e.g., red or blue)

Contact Email or Phone: \_\_\_\_\_

Check Requests are to be put in the Treasurer's Envelope at the school office by 4:00pm on Wednesday and checks should be returned to your group envelope by that Friday. Attach all vendor invoices or receipts. Checks will not be processed without invoices or receipts and authorized signatures. For non-budgeted items, please provide a copy of the meeting minutes authorizing the expenditure.

Check No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

cc: Treasurer  
9/8/16