



Mira Loma Booster Check Request



**Receipts must
be attached
with this form**

Sport or Organization: _____

Person Requesting Check: _____

Make Check Payable to: _____

Purpose of Expense: _____

What is your account balance? \$ _____

(no checks will be processed for amounts in excess of your account balance without prior board approval)

DATE	ITEM	TOTAL
		\$
		\$
		\$
		\$
	Subtotal	\$
	Amount	\$

Signature: _____ Date: _____

Phone: _____ Email: _____

AD Approval Signature: _____ Date: _____

Check Number: _____ Check Amount: \$ _____

- Mail with enclosed addressed & stamped envelope
- Please return check to me:
 - In my box
 - Mail to me with enclosed addressed & stamped envelope

Contact information: Sabrena Donato, Booster CFO
Phone: (916) 342-1560 E-mail: msidonato@gmail.com

Members: Once completed, and prior to submitting your request, please make a copy of this worksheet to keep for your records