

# Bellefonte Performing Arts Booster Check Request

Date: \_\_\_\_\_ Name: \_\_\_\_\_

## Budget Category - Please circle all categories that your request pertains to:

Aux/Indoor-Special Projects-Charity-Memorials-Fundraiser-Community Days-Snack Shack-  
Donations/50/50-Student Clothing Account-Awards-Administrative- Awards/Scholarships- Elem/Middle  
School- High School -Master Class-Social Activities-Student Meals

## Check Payable to:

(Include order form/receipt and self addresses envelope if item is to be mailed to yourself or company)

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## Brief Description of Receipts: (ex. Robert Sides -High School \$17.00)

**ATTACH ALL RECEIPTS**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total for reimbursement:</b> _____	

TREASURER USE ONLY:	CATERGORY/COMMITTEE NAME	AMOUNT
SPLIT CHECK <input type="checkbox"/>	_____	_____
SPLIT CHECK <input type="checkbox"/>	_____	_____
SPLIT CHECK <input type="checkbox"/>	_____	_____
PAID ON _____	MAILED ON _____	CHECK NUMBER _____