



Fighting Indian Band Boosters

Check Request Form

Date: _____ Check Amount: _____

Check Requested by: _____

Check Payable to: _____

Charge to Expense Account: _____

Check in payment of: _____

Check one: One time expense Ongoing expense

PAID CK NO. _____

Check date: _____

_____ For labor/time expense only, complete the section below _____

If this check is written to an individual for labor/time expenses (and is not an expense reimbursement) you must provide the following information for tax purposes:

Full Name: _____

Social Security Number: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

**** Invoice or other backup documentation such as a receipt**

MUST be attached to this form**

Please allow 5 working days to process your check request.

To make arrangements to pick up your check,
please contact Katrina Pascale at dkpascale2009@att.net or phone **772-564-8435**.