## SPMS Music Boosters Check Request Form

Write Check to:			Date:		
Payee:					
Address:			State	Zip	
		mber	E-mail		
	ategory/Event: nt/Equip Repairs, Music Equip Purch			vp. Other	
		Position:			
	Please list expenses below	w:			
Receipt Date	Name of Store/Vendor	Description of I	Purchases	Amount	Program (MS Band ,Orch, Choir, 5 <sup>th</sup> Grade Band, ALL)
			Total requested	\$	

## Please attach ORIGINAL supporting receipts / invoices to the back of this form.

Approval:	For Treasure	er's Use	
President's Signature	Date	Secretary's Signature	Date
Amount of check: <u></u> \$		Check #:	
Invoice Attached	Receipt Attached		
Please make a copy for your records before submitting to: South Pasadena Middle School Music Boosters Treasurer treasurer@spmsmusicboosters.org 1500 Fair Oaks Ave, South Pasadena, CA 91030			