



WILLIAM B. TRAVIS HIGH SCHOOL PROJECT GRADUATION 2019

CHECK REQUEST FORM

Date: _____

Submitted by: _____ Phone #: _____

Check amount \$ _____

Payable to: _____

Address: _____

This disbursement should be charged to the following account:

___ Fundraiser (name): _____

___ Prizes

___ Games

___ Other _____

Note: THS ProGrad is Sales-Tax Exempt. **Sales tax will not be reimbursed.**

Note: Original invoice(s) / receipt(s) must be attached to this request. Keep a copy for your committee records as required. Receipts must indicate that payment was made for reimbursements.

APPROVED _____ Date _____

(Circle one) Committee Chair / ProGrad Chair/Co-chair

Do not write below this line

Check issued date _____ Check no. _____ Issued by _____