

Payment Request Form – Stratford Cheer Booster Club

Method of Payment: Debit Card Check Request Date: _____

Payee: _____ Amount: \$ _____

How to Disburse Check: I will pick up Mail to vendor _____

Budget/Account to be charged: (Be specific – Cheer Clinic signs, Camp t-shirts, etc.)

Description of Items/Services Purchased (Be very specific)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Requested by: _____ Phone Number _____

Email: _____

For Office Use Only
Debit/Check #: _____ Date: _____

Revised 5/15

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