

**FOREST TRAIL BOOSTER CLUB
CHECK REQUEST FORM**

Date: _____

Requestor Name: _____
BC Volunteer or Staff Member? (Circle One)

Requestor Phone Number or
Email: _____

Name of Committee, if
applicable: _____

Make Check Payable To: _____

Amount: _____

Description: _____

Fieldtrip Approval Signature: _____
(Authorized FTE Staff Member)

Deliver to FTE Office: YES or NO

Mail to Address: _____

FOR TREASURER'S USE ONLY

Check Date: _____

Check #: _____

Check Amount: _____

BC Expense Account: _____

Approval Signature(s): _____
Treasurer

President Co-Signature (for checks > \$500.00)