

# Payment Request

## LHHS Music Booster Association



Budgeted Item

Warrant

Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Pay To: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

No. \_\_\_\_\_

Music Unit	Acct. No. (office use)	Description	Amount (total at bottom)
<b>Total</b>			

**TOTAL:**

Approved by: \_\_\_\_\_  
 \_\_\_\_\_

Director's Approval: \_\_\_\_\_  
 (as needed)

A check request form must accompany all requests. Please attach all receipts and supporting documents. Complete a separate request for each payee. All checks will be mailed unless alternate arrangements have been made.