

## MARINER MARAUDER BOOSTER CLUB CHECK / PAYMENT REQUEST FORM

\*\* ATTACH INVOICE / RECEIPT TO THIS FORM - REQUIRED FOR PAYMENT \*\*

|  | THE TOTAL PROPERTY OF THE PROP |
|--|--|
| Sub-Club to be charged:  |  |
| Purpose of the Expense:  |  |
| Amount of the Check  | \$   |
| Requested:   |  |
| Make Check Payable to:   |  |
| Address (if not MHS)   |  |
| City, State, Zip   |  |
| Phone:   |  |
| How should we get the check  | ☐ Leave in Mail Box for you  |
| to you?:   | ☐ Leave in Mail Box for:   |
|  | ☐ Mail to address above  |
|  | ☐ Or Other   |
|  |  |
| Date:  | Payment Requested By (Print Name):   |
|  |  |
|  | Signature (of Authorized Club Representative per Booster Agreement Form)   |
|  |  |
| Check Authorized by MMBC Execu   | ` '  |
| Check #: Check [   |  |
| Request could not be completed for the following reason:  ☐ Insufficient Funds in Club Account ☐ Need Receipt or Invoice ☐ Other:  |  |
|  |  |
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| Purpose of the Expense: Amount of the Check Requested: Make Check Payable to: Address (if not MHS) City, State, Zip  | CHECK / PAYMENT REQUEST FORM  ** ATTACH INVOICE / RECEIPT TO THIS FORM - REQUIRED FOR PAYMENT **   |
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| Purpose of the Expense:  Amount of the Check Requested:  Make Check Payable to: Address (if not MHS) City, State, Zip Phone: How should we get the check to you?:  Date:  Check Authorized by MMBC Execu | ** ATTACH INVOICE / RECEIPT TO THIS FORM - REQUIRED FOR PAYMENT **  \$  Leave in Mail Box for you Leave in Mail Box for: Mail to address above Or Other Payment Requested By (Print Name):  Signature (of Authorized Club Representative per Booster Agreement Form) tive Member (Name):  Oate: Or the following reason:   |