# MARINER MARAUDER BOOSTER CLUB
## CHECK / PAYMENT REQUEST FORM

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

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|---|---|
| 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 to you?: | ☐ Leave in Mail Box for you<br>☐ Leave in Mail Box for: _____<br>☐ Mail to address above<br>☐ Or Other_____ |
| Date: | Payment Requested By (Print Name): |
| | Signature (of Authorized Club Representative per Booster Agreement Form) |

| |
|---|
| Check Authorized by MMBC Executive Member (Name): |
| Check #:            Check Date: |
| Request could not be completed for the following reason:<br>☐ Insufficient Funds in Club Account     ☐ Need Receipt or Invoice     ☐ Other: |