

Middle Creek High School - Stampede Club

Athletic Team Check Request

Date:	Sports Team:
Coach:	
Person requesting check:	
Email address:	Phone:
Purpose of cost:	

Category

Fundraising	SC Budget	Other
Amount: \$		
Check paid to:		

Address Check Sent To

Company or Individual Name:		
Street Address:		
City:	State:	Zip:
Email:	Phone:	
Website:		

YOU MUST ATTACH A RECEIPT/INVOICE FOR ALL REQUEST

Coach Signature:	
Athletic Director Signature:	
President, Vice President or Treasurer:	

Accounting Use Only

Credit Card:	Check Number:
Check/Pmt Date:	Recorded Initial:
Account Description:	