

Check # _____

Cascade High School Boosters

Check Request

Date: _____

Amount: _____

Payee: _____

Address: _____

Account Distribution:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payment Requested By: _____

Description: _____
