

Gunn Theatre Boosters Check Request

Today's Date: ____ Month ____ Day ____ Year

Amount Requested: \$_____

Vendor: _____

Mail Address: _____

This request is for:

- Gunn Production (name of show: _____)
- Gala Expense (pick one: __ Fall __ Spring)
- Field Trip (pick one: __ Ashland __ Other)
- Administrative
- Other (explain: _____)

Is this budgeted? ____ Yes ____ No

Item Description: _____

_____ Signature of Theatre Teacher

For Office Use:

_____ Authorized Signature 1

_____ Authorized Signature 2

For Treasurer Use: Date _____ **Check #** _____ **Amount\$** _____