

TWHS Boys Lacrosse Boosters Check Request

Date requested: _____

Amount: _____

Requested by _____

Signature: _____

Payable to: _____

include mailing _____

address _____

Request for: _____

Information below to be completed by Treasurer

Paid date _____

Check Number _____

Amount _____

Receipts should be included with request. If there are no receipts, an explanation must be included.

Mail to: Michael Troper
85 Highland Ave.
Worthington, Ohio 43085