



Benzie Central High School Athletic Activity Account Check Request

Team: Date:

Coach Name:

Check Requested For:

Make Payable To:

Address:

Amount:

Invoice #:

Check to be mailed to Vendor?

Check Box Yes Check Box No

Check to be sent back to Coach?

Check Box Yes Check Box No

Check to be picked up at CBO:

Check Box Yes Check Box No

Coach Signature

Date:

AD Approval Signature

Date: