



Stratford Spartan Booster Club
c/o Paul & Jenni Bredthauer, Treasurer
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(713)468-6651
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Check Request Form

Payee Name: _____

Payee Mailing Address: _____

Date Payment Needed: _____

Check Amount: _____

Explanation or Reason for Payment:

(Please attach copy of invoice or other supportive documents)

SHS sports program to which this payment is attributable:

Person Requesting Check: _____

Date: _____

Approved By: _____ **Date:** _____
Coach Allen

Approved By: _____ **Date:** _____
SHS Booster Club Officer