



**Fountain Valley High School  
Royal Regiment Booster Association**

**P.O. Box 20168  
Fountain Valley, CA 92728**

**CHECK REQUEST / EXPENSE REIMBURSEMENT REQUEST**

*ALL Check Requests / Expenditures requiring FVRR Funds MUST be Pre-Approved by the FVRR Booster President or Board! Requests for FVRR Funds that haven't received prior Booster President or Board Approval OR are in excess of approved expenditure amounts may not be Granted!*

Requestor Name \_\_\_\_\_ Date \_\_\_\_\_

Remit Payment to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Request / Expenditure \_\_\_\_\_

List Expenditures \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Request / Expenses** \$ \_\_\_\_\_

If expense reimbursement, select whether a check OR student credit is requested

CHECK  or STUDENT CREDIT  Student's Name to Credit \_\_\_\_\_

**NOTE: YOU MUST ATTACH ALL INVOICES / RECEIPTS**

**FVRR Board Use Only**

Approved for Payment by: \_\_\_\_\_ Date: \_\_\_\_\_

*Booster President's Signature*

FVRR PAYABLES TREASURER USE ONLY:

Date Approved by Board: \_\_\_\_\_ Check # \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check Received by: \_\_\_\_\_ Date: \_\_\_\_\_