



**The Stix Club Check Request Form**

**Dunwoody Boys' Lacrosse**

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact person: \_\_\_\_\_

Amount due: \_\_\_\_\_

Describe Item/Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attached original receipts for reimbursements!**

**Requests and Questions go to Donna Kina @ 678-634-2504**

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**Office Use Only:**

Date request received: \_\_\_\_\_ Initials \_\_\_\_\_

Check # \_\_\_\_\_ Account # \_\_\_\_\_

Date issued: \_\_\_\_\_ Date mailed: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_