

LITTLE REBELS CHEERLEADING  
CHECK REQUEST FORM

DATE OF REQUEST: \_\_\_\_\_

PERSON REQUESTING: \_\_\_\_\_

SQUAD: \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_

(Receipts MUST be attached)

MAKE CHECK PAYABLE TO: \_\_\_\_\_

(include address)

NATURE OF EXPENSE:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF REQUESTER: \_\_\_\_\_

SIGNATURE OF TREASURER: \_\_\_\_\_