

La Costa Canyon Foundation

Check Request Form

Please attach all invoices/receipts

General Foundation

Date: _____

MAC – Maverick Academic Boosters

VPA – Visual and Performing Arts Boosters

Group (Class) - _____

MAB – Maverick Athletic Boosters Sport: _____ Boys: _____ Girls: _____

Person Making Request: _____ Position: _____

Check Amount: \$ _____

Expense Code: _____ Comment: _____ Amount: \$ _____

Expense Code: _____ Comment: _____ Amount: \$ _____

Expense Code: _____ Comment: _____ Amount: \$ _____

Check Made Payable To: _____

Address: _____

City, State & Zip: _____

Purpose: _____

Delivery By: Mail: _____ Pick Up: _____ Other: _____

Signatures Required:

Teacher/Head Coach: _____ Date: _____

Parent Liaison: _____ Date: _____

Athletic Director/Administrator: _____ Date: _____

Foundation Executive Director: _____ Date: _____

****Please ensure that the form is signed PRIOR to bringing to the LCCHS Foundation Office and that your receipts are attached****