



Check Request

Please attach all invoices/receipts

Date _____

General Foundation

Group (Class) _____

Academic Boosters

Arts Boosters

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 all signatures are obtained and all receipts attached PRIOR to bringing to the LCC Foundation office****

La Costa Canyon High School Foundation

1 Maverick Way, Carlsbad, CA 92009

(760) 436-6136 ext. 6021 / lcfoundation@sduhsd.net / www.lcchsfoundation.org

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