**For Treasurer Use:**

**Check No.:**

**Date Paid:**

# Markettes Booster Club, Inc.
# Request for Payment from MBCI

**Date:**

**Submitted by:**

**Your e-mail or phone:**

The following items have been purchased for the benefit of Markettes Booster Club, Inc.

| Items Purchased | Purchased for* | Cost** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | **Total** | |

*Please indicate the project, activity, or committee for which the purchases were made.

**Subtotal before sales tax. MBCI can only reimburse sales tax in very limited situations with prior approval.

**Check Payable to:**

**Name:**

**Address:**

**Mail Check?**

**Yes** **No** If not mailed, how will check be delivered?

**Receipts/Invoice attached?**

**Yes** **No** If not attached, please attach explanation.

**Mail or Deliver to: Mort Malek 10703 Inwood Dr. Houston, TX. 77042**

**Questions?** mortmalek@yahoo.com (713) 705-8324 cell