

Check Request Form

Check Payable to: (please print) _____

Amount Requested: \$ _____

Date Required: (Please allow five SCHOOL days) _____

Return Check via:

Mail (address) _____

Student (name and teacher) _____

Please check one:

_____ Reimbursement (Receipts must be attached in order for checks to be disbursed)

_____ Payment for approved budget item (Budget Line Item, Required _____)

Explanation: _____

Requested by: _____ Phone #: _____

Email _____ Date: _____

Chair Approval: _____ Date: _____

Place completed form in Treasurer's box at school. Check will be provided as soon as possible.

Treasurer's Use Only

Date Paid: _____ *Check #:* _____ *Amount: \$* _____