

CHECK REQUEST  
FORM 2009-2010



Check Payable To: \_\_\_\_\_ (please print)

Amount Requested: \$ \_\_\_\_\_

Date Required:\*\* \_\_\_\_\_

Return Check To: \_\_\_\_\_

(address for US mail) or \_\_\_\_\_ via \_\_\_\_\_ class (student name)

(teacher's name) \*\* Place completed form in Treasurers box at school. Check will be provided as soon as possible. Please allow five SCHOOL days.

Please check one: \_\_\_\_\_ Reimbursement (A check will NOT be give if a receipt is not attached. Please attach receipts!) \_\_\_\_\_ Payment for approved budget item

Budget Line Item (REQUIRED): \_\_\_\_\_

Explanation: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Chair Approval:

\_\_\_\_\_ Date: \_\_\_\_\_

TREASURER'S USE ONLY

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_