

CHECK REQUEST FORM

****TO BE COMPLETED BY CHAIRPERSON REQUESTING REIMBURSEMENT OR BILL PAYMENT AND SEND TO THE TREASURER WITH BILL OR RECEIPTS**PLEASE ALLOW 2 DAYS FOR PAYMENT****

SCHOOL: Triangle School

DATE: _____

H.S.A. FUNCTION/COMMITTEE: _____

PAYEE: _____

AMOUNT: _____

CHECK WILL BE MAILED

MAILING ADDRESS: _____

CHILD'S NAME: _____

TEACHER: _____ GRADE: _____

CHAIRPERSON PHONE NUMBER: _____

CHAIRPERSON OR EXECUTIVE BOARD
MEMBER SIGNATURE:

TREASURER'S SIGNATURE:

FOR OFFICE USE ONLY

CHECK # _____

DATE PAID: _____

RECEIPTS RECEIVED: _____