

## **Check Request**

## **HOME & SCHOOL ASSOCIATION**

Your Name:		Phone:	Phone:	
Project/Budget Category:				
Date Submitted:	Date Needed:		Date Mailed:	
Reason for Check:				
Included in budget	OR		Approved at Meeting  (Date: )	
Check Payable to:			Amount:	
Address of Payee:				
If there is a bill that needs to be p	oaid, attach the bill	to this form and t	the Treasurer will mail it.	
Approved by:			Date:	
Approved by:			Date:	
For Treasurer's Use Only: Category	Check	r# Dat	ecLogged	