

CK#: _____

BLESSED SACRAMENT HOME AND SCHOOL ASSOCIATION CHECK REQUEST FORM

Date: / /	Requestor's Name:
Event Name:	
Chairperson's Signature:	
Is expense within your committee's current year budget? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: Each check requires a separate Check Request Form and documentation in the form of an invoice from payee or sales receipts. Requests will be processed within 7 days of receipt. If faster delivery is needed, please contact the treasurer.

Make check payable to:														
					Amount: \$,			.		

Distribution of Check

- Call _____ at () _____ - _____ to arrange pick up.
- Call _____ at () _____ - _____ when available at parent pick up.

Make Check to:
 Name: _____
 Address: _____
 City, State, Zip: _____

Description of Purchase:

Invoiced item was for: _____
 (or) list items purchased: _____

IMPORTANT: Receipts or invoices MUST be attached on a separate sheet so that all are visible when reproduced.

To be completed by check issuer:

Ck#	Date written: / /	Issued by:
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Keep a copy of completed form for your records.