

CK#

# BLESSED SACRAMENT HOME AND SCHOOL ASSOCIATION CHECK REQUEST FORM

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

NO SALES TAX WILL BE REIMBURSED

NOTE: Each check requires a separate Check Request Form and documentation in the form of an invoice from payee or sales receipts. Please use the tax exempt form when making purchases. 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 pickup.
- Email \_\_\_\_\_ at \_\_\_\_\_ to arrange pickup.
- Mail check to:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

### Description of Purchase:

Invoiced item(s) was for (event): \_\_\_\_\_

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:

Check#	Date written:    /    /	Issued by:
--------	-------------------------	------------