

Check Request

St. Pius X

PAYABLE TO:	NAME:			DATE:
	ADDRESS:			
	CITY:		ST:	ZIP:
AMOUNT REQUESTED:			CHARGE ACCOUNT:	
REQUESTED BY: <i>(if other than who payable to)</i>				
REIMBURSEMENT/EXPENSE RELATED TO <i>(if applicable):</i>				
CHAIRPERSON APPROVAL <i>(if applicable):</i>				
DESCRIPTION/EXPLANATION FOR AMOUNT REQUESTED:				

Select Method to Receive Check:		<hr/> Signature of Individual Submitting Request <hr/> SARAH GOETZ - H & S TREASURER
* (1) MAIL/GIVE DIRECTLY TO PAYEE		
* (2) MAIL WITH ATTACHMENT TO PAYEE		
(3) DELIVER TO CHILD'S TEACHER:		
Teacher's Name: _____		
Child's Name: _____		
(4) DELIVER TO H&S BOX IN MAIN OFFICE		
* <i>Parent/Teacher reimbursements cannot select this option.</i>		

- 1) Complete Check Request Form (above). Amount Requested is total amount due.
- 2) Attach Receipts supporting request for reimbursement.
- 3) If reimbursement pertains to committee (i.e., Fall Festival, etc.), must have committee chair's approval.
- 4) Place in H & S box in main office to attention of H & S Treasurer.