

Academy of Our Lady HSA Deposit/Check Request

CHECK REQUEST:

(Requests for checks must be submitted at least one week before the check is needed to ensure time for approval)

Date: _____

Requested by: _____

Payee Name: _____

Address of Payee: _____

Committee/Event: _____

Purpose of Request/Reimbursement Reason(attach receipts/invoices): _____

Amount: \$ _____

Send Check via

Backpack: Name: _____ Grade: _____

Or

Mail to: Name & Address: _____

DEPOSITS:

Total Coins	
Total Cash	
Total Checks	
Grand Total Deposit	

Purpose of Deposit: _____

Approved: _____ Date: _____
HSA President or Vice President

Approved: _____ Date: _____
Principal or Pastor

***** Treasurer Use Only *****

Check No. _____ Date: _____