

# St. John the Evangelist Home & School Association

## Check Request Form

Request Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address, if not on invoice: \_\_\_\_\_

Amount: \_\_\_\_\_

HSA Event: \_\_\_\_\_

Purpose: \_\_\_\_\_

Requested by: \_\_\_\_\_

Phone # \_\_\_\_\_ email: \_\_\_\_\_

Special Handling Instructions: \_\_\_\_\_

Send Home with Child: Yes \_\_\_ No \_\_\_ If yes, provide Name/Grade/Class: \_\_\_\_\_

Room Party: Yes \_\_\_ No \_\_\_ Class Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

First Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Second Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor # \_\_\_\_\_ Date Paid: \_\_\_\_\_

Account Description:	Account number:	Amount \$:

**(Request will not be processed or approved without receipts or invoice)**

(Minimum reimbursement request is \$10.00)

(Allow 14 days for processing)