**Saint Bernard Academy**

**Home & School Association**

**Check Request Form**

Date of Request:       Due Date:

Please Indicate:  Vendor Payment  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement

Please verify that receipts for these expenses are attached (or emailed) or have been provided to Treasurer.       (Initial Here)

Budget Category of Expense: (i.e. JK Playground Party)

|  |  |  |
| --- | --- | --- |
| Description of Expense(s) |  | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total |  |

Please indicate to whom check is to be written:

Name:

Street Address:

City, State, Zip Code:

Person requesting check and contact information:

|  |  |
| --- | --- |
| Name: | Phone number: |

If this expense exceeds the category budget, please indicate who approved the expense and a brief explanation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_