

CHSBPA - REQUEST FOR CHECK



Date: _____

Event or activity name: _____

Check is payment for: _____

List actual materials or services being purchased. Must attach receipt!

Approved by (chairperson of event or activity): _____

Make check payable to: _____

In the amount of: \$ _____ and give / mail to (circle one):

Street address: _____

City: _____ State: _____ Zip: _____

Any questions, call: _____ Phone: _____



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