CROOKED BILLET - HALLOWELL HSA
CHECK REQUEST FORM
2019 - 2020

Date: ____________________________________________

Your Name: ____________________________________________

Phone Number: ____________________________________________

Email Address: ____________________________________________

Return to requester: YES NO

Check made payable to: ____________________________________________

Check to be mailed (Payee address) ____________________________________________

Amount of check: ____________________________________________

Reason for Check / Event Name: ____________________________________________

Please note:
• All requests must have receipts or invoice attached.
• All items on receipts must be highlighted or circled
• Check request amount must equal the amounts marked on receipts.
• If there is a tax due on a request, please make sure it is noted on your receipt.
• Check requests may be placed in the treasurer’s folder in the main office or given to the Treasurer at an HSA meeting.
• Please allow at least one week for return.

Once your check request is completed and sent into school, please email both
Jessica Harold @ jessharold1@verizon.net &/or Beth Anna Deacon bethannadeacon@yahoo.com

Any Questions: Beth Anna Deacon bethannadeacon@yahoo.com

Forms available at https://www.hatboro-horsham.org/Page/869

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CHECK # _______________________

DATE ISSUED: _________________

TREASURER INITIALS ________________