

PLEASE STAPLE YOUR RECEIPT TO THIS FORM.

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 for 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 \_\_\_\_\_