



HSA CHECK REQUEST FORM

DATE:

AMOUNT:

PAYABLE TO:

ADDRESS:

COMMITTEE:

PURPOSE:

CHAIRPERSON APPROVAL

PLEASE READ INSTRUCTIONS!

Please staple all receipts/invoices to this request, have the chairperson sign the request and return to the Treasurer's Check Request folder in the file box located in the main office. Check Requests without receipts/invoice or the Chairperson's signature will be returned. Check requests need to be submitted within 2 weeks of the completed event. Committee checks will be returned to the Check Pickup folder in the file box unless other arrangements have been made. School faculty/staff checks will be placed in their respective mailboxes. All checks for vendor payments will be forwarded directly to the vendor unless otherwise requested. Please call/email me with questions!

Thank you,

Jen Collins
mjc101098@aol.com

For HSA Purposes Only

Date Paid : _____

Check No.: _____