



CHECK REQUEST FORM (2021 - 2023)

Please staple all receipts and/or invoices to this request and return it to the "Check Requests - Filled out" folder within the "Completed Forms" hanging folder in the HSA file cabinet. **Check requests cannot be processed without appropriate backup documentation and chairperson approval.** All check requests dropped off by noon on Fridays will be processed within 7 days. Checks will be available by the following Friday. All check requests **MUST** be submitted within **14 days of the event**. Committee checks will be placed in the "CHECK PICK-UP" file in the file cabinet of the HSA closet, and faculty checks will be placed in their respective mailboxes. All checks for vendor payments will be mailed directly to the vendor unless otherwise requested.

Please feel free to email/call me with any questions.

Thank you,

Colleen Rodriguez
Treasurer, Simmons HSA
267-231-4278 (cell)
colleenrodriguez1@verizon.net

<u>For HSA Purposes Only</u>
Date Received: _____
Date Paid: _____
Check #: _____

DATE: _____ **AMOUNT:** _____

PAYABLE TO: _____

COMMITTEE: _____

PURPOSE: _____

COMMITTEE CHAIRPERSON APPROVAL _____

A check will not be issued without the Chair's signature AND backup receipts.