

St. Elizabeth Home and School Association

CHECK REQUEST FORM

SECTION 1-Please complete and attach receipts

Date: _____ Amount \$ _____

Payable to:

Name: _____ Phone: _____

Address:

Committee or Expense Name: _____

Description of the expense: _____

.....
SECTION 2-H S A completes

Account # _____

Request # _____

APPROVAL _____

Home and School Association Officer

Principal's Initials _____