

CHECK REQUEST

Name of Person Requesting Check _____

Check Payable to: _____

Check Amount \$ _____ Receipt/Invoice Attached Yes ___ No ___

Purpose of Check _____

Charge to Committee _____

Signature of Person Requesting Check _____

Date of Request _____ Date Paid _____ Check Number _____

If you are an SCS parent requesting reimbursement, please note that this check will be delivered via your oldest child's homeroom.

Child's Name and Homeroom # _____

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