

# CHECK REQUEST

- St. James School HSA Account*
- St. James School Raffle Account*

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Contact information: \_\_\_\_\_

Email or cell phone

Payable to: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Event: \_\_\_\_\_

Detail of Expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

Please attach original receipt(s)/invoice and submit to:

Karen Bonner, c/o Kelly Bonner – Gr. 6

=====

Authorized by: \_\_\_\_\_ (Business Administrator)

\*authorization required for disbursements in excess of \$500.00 for items not included in budget.

=====

Issued check #: \_\_\_\_\_

Dated: \_\_\_\_\_