

St. Elizabeth School Business Office

Volunteer - Check Request

Date _____

Submitter's Name/Phone Number _____

Organization (ex: Student Council, HSA, 8th Grade, etc.) _____

PRE-PAYMENT CHECK REQUEST - Requests for checks must be submitted at least one week before the check is needed to ensure time for approval

Payee Name for check _____

Address of Payee _____

Amount _____

Purpose of Request (ex: 8th grade car wash expense to _____

wash towels, HSA Catholic Schools week luncheon. Please be _____

very specific – add date, activity and school org impacted. _____

Please attach all labeled receipts or invoices _____

Check approval: _____

(Principal's Initials or Signature)

Note: For use by volunteers/event chairs to submit to the HSA Treasurer.