

**John J. Daly H.S.A**  
**2009 – 2010**  
**Check Request Form**

1. To have an invoice paid, or to receive reimbursement for expenses paid, please complete this form. You must attach any corresponding invoice(s) or receipt(s) to obtain a check.
2. Please receive approval from either Beth Lipset or Denise DePalma (HSA Co-Presidents) prior to submitting this form.
3. As a non-profit organization, the HSA does not pay sales tax. Therefore, you will not be reimbursed for any sales tax. Please get in touch with me to get a copy of our tax exemption form. (tsenders@gmail.com or 944-8923)
4. Please leave this form in the HSA mailbox located in the Main Office and mark to the attention of Talia Senders, Treasurer.

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

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Reason for check: \_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_

How would you like to receive check (e.g. mail, backpack, hand pick-up)? \_\_\_\_\_

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For Treasurer's use only:

Check # \_\_\_\_\_ Account charged \_\_\_\_\_ Date paid \_\_\_\_\_