



2011 – 2012 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 and highlight the total to be reimbursed on the receipts/invoices.
2. As a Not For Profit organization, the HSA does not pay sales tax on items we purchase to use or give away. WE DO PAY TAX ON ITEMS WE PURCHASE TO SELL. Please get in touch with Talia Senders to get a copy of our tax exemption form before making purchases to use or give away on behalf of the H.S.A. (tsenders@gmail.com or 944-8923)
3. Please receive approval from the responsible committee chair when applicable, then put this form with the supporting documents in the HSA box in the main office in an envelope marked: HSA Presidents – Approval Needed. Lilie Charno or Melissa Vissicchio will review the invoices/check requests and will get them to Talia (the Treasurer).
4. Unfortunately, e-mail request for approvals and check request forms submitted without receipts are not acceptable.

Date: _____ Amount: \$ _____

tax included – This expense is something we are planning to SELL

no tax included – This expense is something we are planning to USE/GIVE AWAY

Your Name: _____ Telephone #: _____

Make check payable to: _____

Address: _____

Reason for check (please include the name of the fundraising event when applicable):

Approved by: 1. HSA VP or Fundraising VP X _____

Approved by: 2. HSA President X _____

How would you like to receive the check? (Backpack or Pickup) If by backpack please include the below information:

Child's name _____ Child's Teacher's name _____

For Treasurer's use only:

Check # _____ Account charged _____ Date paid _____