

AVON GROVE INTERMEDIATE SCHOOL



CHECK REQUEST FORM

- Please fill out this form for payments or reimbursements. **Allow 7-14 days for processing.**
- Place completed form with all receipts/documentation attached in the Treasurer's mail folder for processing.
- Charges for committees must have a committee chairperson's signature.
- Charges unrelated to a committee must have an officer's signature.
- Requests will not be processed without receipts/documentation and necessary signatures.

Payee (check should be payable to): _____

Check amount: _____ Date: _____

Date check is needed by, if applicable: _____

Account/Committee to be charged: _____

Reason for Payment: _____

Please select an option for distributing the check:

Mail to payee at following address: _____
Use for vendors only.
If vendor bill came with return envelope, please _____
include. _____

Forward to parent via backpack or to teacher via office mail:
Child's Name: _____ Teacher: _____

Forward to committee chairperson or officer – via mail folders in office
Chairperson/Officer: _____ Folder: _____

Check requested by: _____

Requester's phone#: _____ Email: _____

Signature of Person Requesting the Check
(if not officer or committee chairperson)

Signature of Committee Chairperson or Officer
(if requesting check or to approve request)

For Treasurer Use Only

Check #: _____ Date: _____ Amount: _____

Notes: _____