

# 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)

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### For Treasurer Use Only

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Notes: \_\_\_\_\_