

HIGHLANDER PARENT ASSOCIATION CHECK REQUEST

Instructions: Please instruct who the check is to be issued to (if different from your name). Please specify the Committee responsible for this expense and be as detailed as possible as to the items purchased. All items MUST have a receipt attached to this form. Otherwise, checks to be issued will be delayed until receipts are received. Finally, sign the form and have Officer Committee Chairperson to sign as well. Thanks!

Name _____ Date _____
Addr. Check _____
to be mailed _____ City/ST Zip _____

<u>Items/Expenses Incurred</u>	<u>Budget Section</u>	<u>Amount*</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
*Receipts Attached		
TOTAL		_____

Your Signature Board or Committee Chairperson

Check # _____ Date _____ Processed by _____

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