



BHES PTA Check Request Form

Complete each space as best as possible. You must attach receipts, invoices or other relevant documentation! Otherwise, we cannot process the request. Please use separate forms for check request to separate payees and separate committees or events. Please allow up to 30 days to process.

Your name: _____ Date: _____

Committee or Event to be charged: _____

Description of expense: _____

Make check payable to: _____

Check amount: \$ _____

Address for check delivery: _____

Or ___ School Office (BHES STAFF and PTA ONLY)

Comments (please list any additional information):

For BHES PTA TREASURER only:

Check number: _____ Check date: _____ Amount: \$ _____

Authorized by: _____

Expense category: _____

Comments: _____

RECORDED YES NO