

Henderson Middle School Foundation
Check Request Form



Date of Request: _____ Amount of Check: _____

Person Requesting: _____ Grade / Title: _____

Make Check Payable To: _____

Address (if check to be mailed): _____

Purpose of the Check: _____

Signature of the Requestor: _____

If item has already been purchased, the original receipt(s) must be attached to this form. Otherwise, attach an original invoice. Prior approval **must** be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses.

*** NOTE: Multiple receipts MUST have a summary page listing the amount from each receipt and showing the total.

*** PLEASE make sure amounts add up correctly and match the check request amount!

Please **CIRCLE THE ACCOUNT** to be charged for this expense:

Fundraising Campaign Administrative Expense STEM: Leadership Stipend Training Supplies

**** If you are a staff member, please forward to Principal for approval.

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For Principal's Use Only

Date Received: _____ Approval Signature: _____

FOR TREASURER'S USE ONLY

Date Issued _____ Check Number _____ Account Charged _____

Comments _____

Treasurer's Signature: _____