Check Request Form

Instructions:

1. Use this form for all pre-approved reimbursements.
2. Requests will not be processed without original receipts (stapled to this sheet or sent electronically with this signed sheet to pvhsatreasurer@gmail.com)
3. If you are requesting payment to a vendor, please include the invoice with this form.
4. Return this completed form with supporting documents to the PVHSA drop box safe or send them all to pvhsatreasurer@gmail.com.
5. Please allow 2 weeks for your request to be processed.
6. If your request is urgent, pleas submit the completed form and notify the treasurer at pvhsatreasurer@gmail.com.
7. DEADLINE- The HSA fiscal year ends June 15th. Please submit all forms and receipts from the current school year by the end of May to ensure that you are reimbursed before our fiscal year ends.

Submitted By:	Date:
Email:	Phone:

Payee:	Amount:
Department/Account:	Circle: Mail check / Return to requestor
Address:	
Detailed Description:	
Requestors Signature:	

Committee chair approval:	Date:
Executive board approval:	Date:
Treasurer Approval:	Date:
*Principal Approval:	Date:

*Note- All curriculum-based requests must be pre-approved by the principal prior to reimbursement.

Treasurer use only	
Date Received:	Payment Issued: Yes / No
Check Number:	Entered in QB: Yes / No