**PHS – ASSOCIATED STUDENT BODY**

Check Request

Club or Organization: _____

Date: _____ Account Number: _____

*claim for reimbursement – ORIGINAL receipt(s) must be attached to this form
*check payable to vendor- ORIGINAL invoice must be attached to this form

Approval Date or Budget: _____

Describe expense, including date and purpose: _____

_____

(please allow one week minimum for processing checks)

Amount of check: _____ Make check payable to: _____

Place in mailbox of: _____ Mail check to: _____

_____ _____

Authorized Student

_____ _____

Advisor Principal

**PHS – ASSOCIATED STUDENT BODY**

Check Request

Club or Organization: _____

Date: _____ Account Number: _____

*claim for reimbursement – ORIGINAL receipt(s) must be attached to this form
*check payable to vendor- ORIGINAL invoice must be attached to this form

Approval Date or Budget: _____

Describe expense, including date and purpose: _____

_____

(please allow one week minimum for processing checks)

Amount of check: _____ Make check payable to: _____

Place in mailbox of: _____ Mail check to: _____

_____ _____

Authorized Student

_____ _____

Advisor Principal