

Check

Check

Date _____

Mill Creek HSA Request for Approval of Funds Expenditure

Committee: _____

Today's Date: _____

Requestor: _____

Phone No.: _____

Amount of Expenditure: _____

If request is over \$500.00, please attach evidence of need for the request.

Purpose of Expenditure: _____

Date Check is Needed: _____

Check to be Payable to: _____

Check to be Picked-up at: _____

Or

Check to be sent home via:
(Child's name & teacher) _____

Approvals:

Committee Chair: _____ Phone #: _____

HSA Treasurer: _____

HSA Co-President: _____

Principal/Assistant Principal: _____

Please return this sheet to the Treasurer's mailbox in the HSA office and allow two weeks for processing.