



COLD SPRING ELEMENTARY HOME AND SCHOOL ASSOCIATION

CHECK REQUEST APPROVAL FORM

Please note the following information:

- ◆ Please submit this form within 30 days of the date of the event or purchase. June check requests are due by the last day of school. Forms can be submitted at the Front Office or by contacting the Co-Treasurer at coldspringhsa.treasurer@gmail.com.
- ◆ Attach original receipts and/or invoices. Make copies for your records.
- ◆ Allow 2 weeks for processing your request from the date you submit this form.
- ◆ If you have any questions, please contact the HSA Treasurer at coldspringhsa.treasurer@gmail.com.

Today's Date: _____ Check Due Date: _____

Committee/Board Approval (Teachers Exempt): _____

RECEIPT	DESCRIPTION OF EXPENSE	AMOUNT
Number One		
Number Two		
Number Three		
Number Four		
	TOTAL CHECK AMOUNT	\$

Please Check One:

Payment Directly to Vendor

Reimbursement of Expenses

Check Delivery	
Mail: <input type="checkbox"/>	Send Home With Child: <input type="checkbox"/>
Your Name:	_____
Your Signature:	_____
Your Phone Number (Teachers Exempt):	_____
Your Child's Name:	_____
Your Teacher's Name	_____
Check Payable To:	_____
Name and Address (Only for mailed checks):	_____

Reimbursement Note: By signing this form, you certify that the purchase(s) or expense(s) is/are for the benefit of the Cold Spring Elementary program described and/is not being paid or reimbursed from any other source.

For Treasure's Use		
Date Received:	Check #:	Amount: \$
Budget Category(s):		