

Linden Home and School Association

CASH/CHECK **REQUEST** FORM

Check request—reimbursement—start up cash/bank

(please circle one of the above)

Date: _____

Name: _____

Telephone number: _____

Email address: _____

Committee/Activity _____

Use of Funds: _____

Check payable to: _____

Amount requested: _____

Your signature: _____

Attach all receipts, invoices, contracts, purchase orders, etc. and return to:

Claire Ramamurthy, co-treasurer
c.dullighan@gmail.com, 617-959-4341

For cash box start up requests, please fill out form, place in the mailbox in the Linden office AND e-mail Claire R. to let her know that you have placed a request in the mailbox.

Do not fill out below—Treasurer's use only

Date paid: _____

Check #: _____