

Staple Receipt(s) to Form
(Original or Copies Okay)

SQUALICUM HIGH SCHOOL PTSA CHECK REQUEST FORM

sqhsptsatreas@gmail.com

For Treasurer Use:	
Date Rec'd & Initials _____	
Check # _____	Date: _____
Date Posted: _____	

Please prepare check in the amount of: _____

Make check payable to: _____

Delivery of Check (please allow 5 -7 business days for check reimbursement):

Pick up by: Name with phone or email address:

Mail check to: _____

General/PAAC Group Name (e.g. football)

Please apply check amount to the following budget line item(s):

PAAC/Event general description **Amount**

PAAC/Event general description **Amount**

PAAC/Event general description **Amount**

Total line items must equal check request amount.

I certify that the use of these funds follows current PTSA guidelines as detailed in SQHS PAAC Policies and Procedures:

(Signer must be PAAC Group Member or PTSA member
And **CANNOT** be the same as the Payee)

Date

Print Name

Phone Number and/or Email Address

* Requests can be delivered via email to sqhsptsatreas@gmail.com. Put **Check Request** in the subject line and attach scanned receipts—TIF or JPEG—and this completed form. Drop off hard copies in PTSA box outside the ASB hallway at Squalicum High.