

Submission Date: _____

BGPA Check Request Form

Committee _____

Chairperson _____

Event _____ Date _____

<i>OFFICE USE ONLY</i>
Check date _____
Check number _____
Date mailed (if applicable) _____

ISSUE CHECK TO _____

Please print. Include mailing address, if applicable.

DOLLAR AMOUNT REQUESTED \$ _____

ITEM(S) PURCHASED _____

NOTES

1. Include a receipt or cancelled check for reimbursement.
2. For service provider reimbursements, please include 2 copies of the invoice (one to be mailed with the check and one for BGPA records) and the mailing address.
3. Use the tax-exempt form at time of purchase. The BGPA does not reimburse sales tax.
4. Checks cannot be issued to the same person who signs the form (below); Another Committee chairperson or Executive board member must sign the request.
5. Check requests should be placed in the BGPA mailing slot (drop off at BGHS main office) or contact the BGPA Treasurer directly.

COMMITTEE CHAIRPERSON SIGNATURE _____

DATE _____