

Submission Date: \_\_\_\_\_

# Buffalo Grove Parents Association (BGPA) CHECK REQUEST

Committee: \_\_\_\_\_

Chairman: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Check date: \_\_\_\_\_

Check number: \_\_\_\_\_

Date mailed (if applicable): \_\_\_\_\_

ISSUE CHECK TO: \_\_\_\_\_

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Please print – include address if applicable.

E Mail Address \_\_\_\_\_

DOLLAR AMOUNT REQUESTED \$ \_\_\_\_\_

ITEM(S) PURCHASED \_\_\_\_\_

PLEASE REMEMBER:

1. to include a receipt or cancelled check for reimbursement.
2. to use your tax-exempt form. The BGPA does not reimburse tax.
3. that a check cannot be issued to the same person who signs this form (below); another committee head or an officer must sign the request.
4. to include mailing address if applicable.
5. to include 2 copies of an invoice (one to be mailed and one for BGPA records).
6. that check requests should be placed in the Treasurer's folder in the main office. Or for faster reimbursement contact the Treasurer directly.

COMMITTEE CHAIRPERSON SIGNATURE: \_\_\_\_\_