

**Evans Elementary School
Home & School Association
125 Sunset Road
Limerick, PA 19468**

Check Request

Your Name _____ Phone _____

Date Submitted _____

Project/Category _____

Date Needed _____

Date Mailed _____

Reason for Check _____

Included in annual budget.....or..... *Approved at meeting (date _____)*

Check Payable to _____

Amount \$ _____

Address of Payee (*if no bill attached*)

If this is a bill that has to be paid, attach the bill to this form and the Treasurer will mail it.

Approved by (HSA Officer) _____ Date _____

Approved by (HSA Officer) _____ Date _____

For Treasurer's Use Only

Category _____ Transaction ID _____ Deposit Date _____ Logged _____