



Spoeede School Association

CHECK REQUEST FORM

(Circle the Request Type)

Expense Reimbursement Request

Attach receipt(s) to form

Invoice Payment Request

Attach bill/invoice to form

Today's Date

Your Name

Phone Number

Email Address

SSA Event/Function

Name of Committee Chair *(if different than the person submitting form)*

Purchase Date	Description of Expense	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Expense		\$ _____

Make Check Payable To

Full Mailing Address *(check will be mailed to this address)*

Approvals

Committee Chair Signature

SSA Board Signature

SSA Treasurer Use

Date

Check #

(Circle the Delivery Type)

US Mail Hand by Treasurer Hand by SSA

Other