

St. Denis—St. Columba School  
Parent School Association

## CHECK REQUEST FORM

NAME: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

EVENT: \_\_\_\_\_

DESCRIPTION OF EXPENSE:

AMOUNT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL AMOUNT DUE:**

=====

PLEASE ATTACH AN INVOICE/RECEIPT TO THIS REQUEST FOR THE EVENT.

THIS AUTHORIZATION MUST BE SIGNED BY EITHER OF THE TWO BELOW:

\_\_\_\_\_  
Sr. Kathleen Marie Gerritse, CR, Principal

\_\_\_\_\_  
Rev. Michael McLoughlin, Administrator

SIGNED CHECK REQUEST FORM SHOULD BE GIVEN TO:

“PSA TREASURER”

“KINDNESS OF THE MAIN OFFICE”

CHECK TO BE SENT VIA:

[ ] TUITION CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ ROOM # \_\_\_\_\_

[ ] HELD AT MAIN OFFICE FOR \_\_\_\_\_ TO PICK-UP

***Use this form when the school is to pay the cost of something in advance or for any item that is over \$250.***