

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.