

# Blossom Hill Elementary Home & School Club

## Check Request Form

### Requestor Information:

Name: \_\_\_\_\_

Committee/Position: \_\_\_\_\_

Phone #: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

### Payee Information:

Name or Business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Select Delivery Method:

Address listed above     School folder (please list): \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signature Authorizations:

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

H&SC President: \_\_\_\_\_

### Additional Information (please check):

Receipts and/or invoices attached (required for all requests)

2nd copy of invoice attached (required for mailing payment directly to vendors)

Allow one week for processing. For questions and concerns, please contact [treasurer@blossomhill.org](mailto:treasurer@blossomhill.org)