

Blossom Hill 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