

GHS Choral Parents Association

Money/Check Request

Date of Request: _____ Person Requesting: _____

Amount Requested: _____ Cash withdrawal Check Request

Purpose of Request/Withdrawal: _____ Card Charge

Payable to: _____

Signature of Requester: _____

(Note: If item has already been purchased or invoice paid, please attach a receipt to this form. Otherwise, provide receipt after purchase)

FOR TREASURER'S USE ONLY

Approval Signature: _____ Date: _____

Check issued / Card Charged? YES NO Check #: _____

Date of Check/Charge: _____ Amount: _____

Invoice or Receipt attached? YES NO

Comments: _____

