

## CHSBPA CHECK REQUEST

Date: \_\_\_\_\_

Check number \_\_\_\_\_

Check date \_\_\_\_\_

Check amount: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

In payment for: \_\_\_\_\_

For what purpose? (for ex: Music in Motion, uniforms, etc): \_\_\_\_\_

Mail check to (address) \_\_\_\_\_

or Give check to: \_\_\_\_\_

Person requesting check: \_\_\_\_\_

Approved by: \_\_\_\_\_

### PLEASE NOTE:

- Any invoice or receipt received for the above purchase should be attached
- Services costing \$600 or more that are provided by an individual that doesn't have a State business tax ID MUST fill out a W9. Payment will not be made unless the W9 is completed and returned to the Treasurer. This includes reimbursement for any payments made for such services. Purchase of goods or services provided by a registered business don't require a W9. If you have any questions, ask the Treasurer.
- Any unbudgeted purchases over \$100 must have prior approval of the President and/or CHSBPA Board of Directors