



CHECK REQUEST FORM

REQUESTER COMPLETES THIS SECTION:

Date of Request _____

Person requesting _____

Make check payable to _____

Amount of check _____

Purpose _____

Address to mail check to _____

Phone number _____

Email _____

Signature of requester _____

Note: *If item has already been purchased, please attach receipt(s) to this form.* Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses.

***PLEASE SEND TO:** Treasurer c/o HBMS, 25 Main St., Hollis, NH 03049

FOR TREASURER'S USE ONLY:

Date issued _____
Comments _____

Check Number _____

Approval _____

Date _____

Treasurer's Signature _____

PLEASE ATTACH ANY INVOICES OR RECEIPT(S) TO THIS FORM