



PROVIDENCE ACADEMY
PARENT ASSOCIATION

CHECK REQUEST FORM

All check requests **MUST** be supported by original receipts (for reimbursements) and original invoices (for direct vendor pay) attached to this form. Forms are due within 30 days of the date the expense is incurred with the exception of expenses incurred in the month of June – those requests are due by June 30th.

*Submit this form to the Committee Chairperson for the event.
Questions? Contact PAPA Treasurer, Anne Carter (anne@uberbuilt.com)*

Today's Date _____

Name _____

Phone # _____

Event _____

Event Date _____

Description of expense _____

Grade(s) _____

Reimbursement

Direct Pay to Vendor

Other

Amount of Check \$ _____

Check payable to _____

Street Address _____

City _____

Zip Code _____

Office Use

Check # _____ Date Issued _____

Budget Category _____ Entered _____