

St. Mary's Bellevue Home and School Association Check Request

(Shaded areas MUST be completed by Requestor)

PAY TO THE ORDER OF:		AMOUNT: \$		Date of Request:	
Payment Due: <input type="checkbox"/> ASAP or <input type="checkbox"/> Date:					
Mail Check To:		Envelope Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Invoice Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check Requested By:	Print Name:		Initials:	Date:	
Expenditure Authorized By:	Print Name:		Initials:	Date:	
Receipt Number	Expense Category (below)	Amount \$	Description of Expense:		
1					
2					
3					
4					
5					

SA3.1 Ice Cream Social	SA3.11 Graduation	SA3.21 Teacher appreciation meals, going away
SA3.2 Jelly Bean Fun Night	SA3.12 Memorials	
SA3.3 Curriculum Night	SA3.13 Volunteer Appreciation	BA-YR Benefit Auction
SA3.4 Office/Classroom Discretionary	SA3.14 Safety Patrol	D-YR Academic Excellence
SA3.5 Halloween Fun Night	SA3.15 Postage Stamp Envelopes	E-YR Teacher Excellence
SA3.6 Fall Fund Raiser Startup	SA3.16 Copier costs	
SA3.7 Pancake Breakfast/Bake Sale	SA3.17 Merchant Services Fees	
SA3.8 Book Fair	SA3.18 Marketing: Discover Sarpy County Ad, Pencils	EoYCA - End of Year Clean Up YR
SA3.9 DARE Program	SA3.19 Assemblies	
SA3.10 Catholic Schools Week	SA3.20 Field Day	

Treasurer's Use Only			STAPLE or TAPE Receipts to the BACK of this form.
Date Paid	Amount Paid	Check Number	