

HOLY SPIRIT PREPARATORY SCHOOL CHECK REQUEST

Date: _____

Amount: _____

Payable to: _____

Phone Number: _____

Address: _____

Date Check Needed: _____ (please allow at least 5 working days)

Detailed Description of Expense:

Requested by: _____ Date: _____

Approved by: _____ Date: _____

Any expenses over \$50 must be approved by PVA President PRIOR to purchase. Otherwise, you may not be reimbursed.

Processed: _____ Charged to Acct #: _____

****STAPLE RECEIPTS/INVOICE****
****RETURN TO PVA FOR APPROVAL AND REIMBURSEMENT****