



## Home and School Association

# HSA Check Request Form

Date Check Request: \_\_\_\_\_

Requested By: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_  
(check cannot be issued without receipt(s) or invoice attached)

Check Payable to: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notification of check written (select only one):

Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Text message will be sent)

Please complete if you would like the check sent home with your child  
(You will be notified the check was written and your child has it as long as you complete the notification information above)

Child: \_\_\_\_\_ Class: \_\_\_\_\_

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### For Office Use Only

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

Date Check Written: \_\_\_\_\_

Check Number: \_\_\_\_\_

Recorded in computer: \_\_\_\_\_

Initials of Check Recipient: \_\_\_\_\_  
(If applicable)