Concord-Carlisle Parents Association

Check Request Form

1. What is the event/reason for this check request? Please include evidence of any relevant information such as a price quote, contract, etc.

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

2. Date you need the check? __________________________________________

3. Check Information: Amount: $ ______________________________________
   Make check payable to: ____________________________________________
   Check picked up by: _____________________________________________
   Or mail to: _____________________________________________________

4. After you have obtained the good/service, you are responsible for sending the receipt for this expense and mailing it to the CCHS PA treasurer (below), or dropping it off in an envelope at the CCHS PA mailbox.

   Treasurer
   c/o CCHS Parent Association
   500 Walden Street,
   Concord, MA 01742
   treasurer@cchspa.org

Submitted by: ___________________________   Date: ___________________________

Email address: ___________________________