Treasurer Only
Check # _____
Date _____
Account _____
Amount $ _____

Conway School Association
Check Request

Check Information

Committee/Event and Date: _____

Check Requested By: _____

Make Check Payable to (Payee): _____

Payee Contact Info: _____
Address: _____
State & Zip Code: _____

Details of Purchase

Vendor	**Description**	**Total Cost**
Total Amount of Check Requested		**$**

Signature - I certify that this is an accurate charge:

_____Date:_____

Approvals

Two signatures are required from CSA Board Member (Vice President assigned to your committee or a co-President) and CSA Committee Lead/Member.

1. _____ _____ _____
Printed Name *Signature* *Date*

2. _____ _____ _____
Printed Name *Signature* *Date*

Instructions

- Please staple receipts in an orderly fashion to the back of this completed form.
- Total your receipts, **excluding the sales tax portion**, of the expense.
- Highlight or circle receipt items applicable to this check request.
- Please submit this form with 2 signatures, so we may ensure funds are being spent responsibly.
- Place completed form and attached receipts in the CSA Treasurer's folder, in the CSA Cabinet, in the school's copy/workroom or mail to Melissa Margraf, 43 Countryside Lane, St Louis, MO 63131.
- Reimbursement requests for 2017-2018 Fiscal Year must be submitted no later than 5/30/18.