



POSSE CHECK REQUEST

SUBMISSION DATE: _____

GROUP NAME: _____

SUBMITTER NAME: _____

DESCRIPTION/EVENT: _____

DATE SUBMITTED: _____

AMOUNT: \$ _____

PAYEE NAME: _____

PAYEE ADDRESS: _____

PAYEE TAX ID NUMBER (please supply if payee is a vendor being paid for goods or services and is not a corporation: NO Tax ID required for parent/teacher reimbursements): _____

If you do not wish the check to be mailed, please indicate the disposition of the check (teacher box, club folder, etc.): _____

SPECIAL HANDLING REQUESTS: _____

ATTACH RECEIPT(S) FOR REIMBURSEMENT OR INVOICE FOR VENDOR PAYMENT TO BACK OF FORM

Principal approval: _____

Check number: _____

Check date: _____