

BHS Parents' Group

Request for a Check/Reimbursement 2009-2010

Instructions:

1. Complete this form.
 2. Attach receipts or invoices.
 3. Get approval signature (line 10 below) if required.
 4. Deliver to Parents' Group mail box in main office at BHS or mail or drop off to:
Rawson Groves Hobart, at 1540 Newlands Ave, Burlingame, CA 94010
 5. Questions? rawsongh@yahoo.com or 558-0843
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1. Check payable to: _____
2. Mail check to(address) _____

3. Amount of check: \$ _____
4. For school year: _____
5. Name of requester: _____
6. Phone number of requester: _____
7. Email address of requester: _____
8. Funds for (please provide event or committee name and description of expenses):

9. Signature of requester:

10. Approval signature: _____

(Approval required if requester and payee are the same person, or check is for more than \$1000.00. Approval signature **must** be from the event chair if event-related, or an executive committee member if not event-related, and **may not** be the requester or the payee.)

Please complete (if known):

11. Budget Line Item _____