

ST. ISAAC JOGUES
PARENT SCHOOL ASSOCIATION



CHECK/PAYMENT REQUEST FORM

<u>PSA Committee Information:</u>		
_____	_____	_____
Name / Requested by:	Date of Request	Phone
_____	_____	
SIJ PSA Committee	Expense Description	
<u>CHECK / PAYMENT REQUEST INFORMATION:</u>		
Payment via Check: <input type="checkbox"/>	Payment via AMEX: <input type="checkbox"/>	
Pay to the order of:	_____	
Vendor Contact/Name:	_____	
Vendor Phone #:	_____	
Vendor Address:	_____	
Amount:	\$ _____	
Date Required by:	_____	
<i>Please attach supporting documentation for this expense item</i>		
<u>Treasurer Information:</u>		
Check Number: _____	Paid by AMEX: <input type="checkbox"/>	
Check/Payment Date: ____/____/____		