



St. John the Baptist School
Auxiliary
Expense / Check Request

2019-2020

Contact Info:
auxpres@SJBschool.net
AuxiliaryBilling@SJBschool.net

CHECK REQUEST INFORMATION		Office Use Only
Today's Date: _____ Student Name: _____		Check #: _____
Requested By: _____ Student Grade: _____		Dated: _____
Phone/Email: () - and/or Email: _____		Distributed Via:
Payable To: _____ <small>(Person or Company Name)</small>		<input type="checkbox"/> Student
		<input type="checkbox"/> Office Pick Up
Address: _____ _____ _____		<input type="checkbox"/> Teacher Box
		<input type="checkbox"/> Mail
City, State & Zip _____		Ent in QB's:
(Phone) _____		Date _____
Preferred Delivery Method:		Treasurer Initials: _____
<input type="checkbox"/> Send home via my student		
<input type="checkbox"/> Please Mail		
<input type="checkbox"/> I will pick up from School Office		
<input type="checkbox"/> Send directly to Vendor		

Item #	Dollar Amount	Vendor/Store	Reason for Expenditure
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL REQUESTED:	\$		

EVENTS / COMMITTEES / ACCOUNTS: (You must select an account/event - if not available please complete under "other")

OTHER:

<input type="checkbox"/> Auxiliary Board	<input type="checkbox"/> Choir	<input type="checkbox"/> Jog-A-Thon	<input type="checkbox"/> Room Parents	Account Name _____
<input type="checkbox"/> Awards Ceremonies	<input type="checkbox"/> Drama	<input type="checkbox"/> Library	<input type="checkbox"/> Sees Candy	Account Name _____
<input type="checkbox"/> Balloons	<input type="checkbox"/> FPH	<input type="checkbox"/> Lunch Duty	<input type="checkbox"/> Silent Fundraising	Account Name _____
<input type="checkbox"/> Beach Bonfire	<input type="checkbox"/> Gala +Auction	<input type="checkbox"/> Meet the Masters	<input type="checkbox"/> Spaghetti Dinner	Account Name _____
<input type="checkbox"/> Blood Drive	<input type="checkbox"/> -Gala: Op. Expenses	<input type="checkbox"/> Morning Safety	<input type="checkbox"/> Teacher Apprec. Wk	Account Name _____
<input type="checkbox"/> Catholic Schools Wk.	<input type="checkbox"/> -Gala: Auction Item	<input type="checkbox"/> New Families Comm.	<input type="checkbox"/> Used Uniforms	
<input type="checkbox"/> Charleston Wrap	<input type="checkbox"/> -Gala: Undewriter Exp.	<input type="checkbox"/> Pennies from Heaven	<input type="checkbox"/> Veterans Day	
<input type="checkbox"/> Chili Cookoff	<input type="checkbox"/> Grandparents Day	<input type="checkbox"/> Picnic	<input type="checkbox"/> Room Parents	
<input type="checkbox"/> Class Funds	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Pilot Cup		

Approvals: Please Note: ALL check requests must have Committee Chairperson approval Prior to Processing.

● Receipts for all expenditures must be attached. ● Please leave the forms in the school office for pick up. ● Any questions contact auxiliarybilling@sjschool.net

Committee Chair for Event
 (Provide Name): _____

Approved By: _____

Date: _____

Expenses greater than \$500.00 must be approved by Principal, Vice-Principal or Aux President.

Approved By: _____

Date: _____