



THE AVERY COONLEY SCHOOL  
Home & School Association

CHECK REQUEST FORM

DATE: \_\_\_\_\_

EVENT: \_\_\_\_\_

PURPOSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_

MAIL CHECK TO: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

CHECK #: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_

PLEASE SEND YOUR COMPLETED FORM, ALONG WITH ALL SUPPORTING RECEIPTS, TO [HSATREASURY@AVERYCOONLEY.ORG](mailto:HSATREASURY@AVERYCOONLEY.ORG).