



# BEDFORD HILLS ELEMENTARY SCHOOL

*Dream and Believe, Learn and Achieve*

## BHESA CHECK REQUEST FORM

Event: \_\_\_\_\_

Chair: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_

**BUDGET**

**ACTUAL**

Expenses: \_\_\_\_\_

Used BHESA Tax Exempt form? \_\_\_\_\_ *Note tax is not reimbursable by law.*

### **ITEMIZED EXPENSES**

<b>EXPENSE</b>	<b>AMOUNT TO BE PAID</b>
	\$
	\$
	\$

**Requested Check ~ Payable To:** *(please note if to be given to chair or mailed to vendor)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

Signed by BHESA

Treasurer: \_\_\_\_\_

