Your future. Our focus.
DAVIDSON COUNTY SCHOOLS

DCAEOP TREASURER

DCAEOP Check Request Form

Needy Child Assistance

Date: _____ School: _____

Requested By: _____ Title: _____

Student Name: _____

(Name will be kept confidential and will be seen only by DCAEOP Committee Chairperson and person making request)

Purpose of Request: _____

_____

Amount Requested: _____ Check Payable To: _____

.....

For DCAEOP Use Only:

Needy Child Committee Chair sends out email to the group for Approval or Decline. All email responses should be stapled to this form.

Needy Child Committee: _____ Approved *(If approved, send this form with attached emails to the DCAEOP Treasurer to process check. Once check has been signed, Needy Child Committee Chair will contact the Requesting person for pick up)*

_____ Declined Reason: _____

(Needy Child Committee Chair will contact the Requesting person, then file form & emails in Needy Child file)

ALL CHECKS MUST HAVE TWO SIGNATURES (TREASURER & OTHER APPOINTED ON ACCOUNT)

Check No: _____ Payable To: _____

Person picking up check: _____ Date: _____

(Print Name)

Receipt should be sent to DCAEOP Treasurer within 5 days of receiving check

DCAEOP Member: _____ Date: _____

(Print Name)

DCAEOP Treasurer will maintain a record of all signed forms and receipts.

Revised July 23, 2019