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

EXPENSE	**AMOUNT TO BE PAID**
	$
	$
	$

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

Name: _____

Address: _____

Email/Phone: _____

Signed by BHESA Treasurer: _____