



SPA CHECK REQUEST FORM

To: SPA Treasurer

Today's Date: _____

Fund/Event to be charged: _____

Reason for Check: _____

Requested by: _____

Payable to: _____

Mailing address: _____

Email: _____ Telephone: () _____

Check amount: _____

**Please note: SPA cannot reimburse for sales tax, so please do not include in check amount above.
You may use the Exempt Organization certificate to not be charged sales tax.**

SPA President or Treasurer approval: _____

PAYMENT CANNOT BE PROCESSED WITHOUT CORRESPONDING RECEIPTS

- PLEASE ATTACH ALL RECEIPTS TO THIS FORM
- PUT COMPLETED FORM IN SPA MAILBOX (LOCATED IN THE C-CORRIDOR MAILROOM)
- YOUR CHECK WILL BE MAILED DIRECTLY TO THE ABOVE ADDRESS
- ANY QUESTIONS – PLEASE CONTACT SPA TREASURER or email spa@stuartschool.org

CHECK REQUESTS MUST BE SUBMITTED BY JUNE 15 to close the SPA books for the year.