Leland's Parent Club
6677 Camden Ave
San Jose, CA 95120

CHECK REQUEST FORM

Payee Name _____

Address _____

Address _____

Phone # _____

Budget Line Item	Description of item or Service	Amount

Total Check Amount _____

Receipt(s) Attached: ☐ Yes ☐ No, please explain _____

Check Disposition: ☐ Mail check to payee ☐ Other, please advise _____

Requested by:* _____ Date: _____

Approved by: _____ Date: _____

* Requestor verifies receipt of goods/service

Treasurer's Use Only

Check # _____

Date Paid: _____