

AHA Parent Association
CHECK REQUEST FORM

(Please print all information.)

Please check one:

- Reimbursement (Receipts attached)
 Advance (Bid/ Quote attached)

Make AHA Community Association check payable to:

Name: _____ Amount: _____

Date needed: _____

Purpose of expenditure (please include name of event/committee):

Is this purchase within budgetary guidelines? Yes No
If purchase exceeds budget, please explain:

Authorized by: _____
(If in doubt, check with Committee Chair)

Mail AHA Community Association check to:

Name: _____

Address: _____

Requester's Telephone Number: _____

Note: Please allow two weeks for check requests to be processed. For advances in excess of \$50, please attach a copy of the applicable bid/quote.

Please send all check requests to:

Wade Heintz 9229 Hillcrest Drive, Savage MN 55378

Or scan and email to: wadeheintz@gmail.com

Call with any questions 612-670-9488