

Treasurer's Use Only

Check # _____ Date _____ Budget Category _____

**Campolindo Parents' Club
Check Request Form
2015/2016**

To: Tricia Holloway
20 Hammond Place
Moraga, CA 94556
Home Phone: 925-631-9320
rapholloway@yahoo.com

From: _____ Phone # _____

Email _____

Date Submitted: _____ Date Needed: _____

Make check payable to: _____

Amount: \$ _____

Payment for: _____

Pick up _____ or mail _____ to: _____

Approved by: _____

Original itemized receipts and/or invoices must be attached for payment