



PS 87 PARENTS ASSOCIATION, INC.
160 West 78th Street
New York, New York 10024

GENERAL CHECK REQUEST FORM

Date Submitted: _____

Amount: \$ _____

Issue Check To: _____

Check delivery option: Hand Deliver to Mailbox/Folder
 Mail to Recipient at address above
 Hand Deliver to Recipient

Requesters Email/Phone: _____

Committee/Event: _____

Explanation of Expense: _____

Approved By: _____
Committee Member/Exec Board

Treasury Member

FOR TREASURY ONLY:

DATE RECEIVED:

COMMENTS:

CHECK NUMBER: _____ DATE ISSUED: _____

EXPENSE TO: