

HOME LEARNERS ASSOCIATION OF CENTRAL NEW YORK

CHECK REQUEST FORM (CRF)

CHECK NO.: _____

CHECK DATE: _____

CHECK AMT.: _____

AMOUNT REQUESTED: \$ _____

CHECK ONE

EXPENSE CATEGORY:

- | | |
|--|--|
| <input type="radio"/> General Treasury | <input type="radio"/> Class Supplies |
| <input type="radio"/> Teacher Fees | <input type="radio"/> Public Relations |
| <input type="radio"/> Publications | <input type="radio"/> Advertising |
| <input type="radio"/> Other (List) | <input type="radio"/> Room Rental |

CHECK PAYABLE TO
(OR PAYPAL Address):

PAYEE ADDRESS:

City: _____ State _____ Zip _____

PURPOSE OF EXPENSE (PLEASE GIVE COMPLETE DESCRIPTION):

REQUESTED BY: _____ DATE: _____

AUTHORIZED BY: _____ DATE: _____

AUTHORIZED BY: _____ DATE: _____