

PALS CHECK REQUEST FORM

Instructions Please complete this form, attach any invoice or receipt and place in the PALS mailbox or send directly to the Treasurer (via child, email, fax or mail). Please indicate if the check should be mailed directly to the individual or vendor.

Date Submitted: _____/_____/_____

Date Needed: _____/_____/_____

Make check payable to: _____

Check amount: _____

Invoice/Receipt attached? Yes_____ No_____

Reason for Check: (e.g., reading program, fieldtrip, etc):

Approved for payment _____
Principal

PALS Annual Budget **OR** Approved @ Meeting (Date)

Delivery of check: _____ Mail directly to vendor/individual (include address)

_____ Other (please be specific)

Person to contact regarding this request:

Name & contact info (phone and email)

Treasurer:

Kim Landry
352 Beacon Hill Rd., Pembroke, NH 03275
kimlandry@comcast.net
224-5210 or cell 731-5577
Fax: 715-1105
Joe Landry - TRS 7-Demers
Peter Landry - Hill 2-Hill