

CCPA Check Requisition Form

SELECT ONE: Check Request _____ or Bank Authorization _____ (Co-Presidents only)

CCPA Committee Chair / Board Member: _____

Date of Request: _____ **Date Check Needed:** _____

Check Amount \$ _____ (CO-PRESIDENTS, PLEASE PROVIDE FUND WITHDRAWAL AMOUNT)

Payee Information:

Check Payable to (select one) ___ Individual ___ Small Business ___ Organization

Contact Name: _____

Company: _____

Address: _____

Phone No. _____

Email: _____

(Please write legibly, as illegible requests may not be processed promptly)

Send check to (select one) ___ Committee Chair / Board Member ___ Payee

<u>Date:</u>	<u>Item Description</u>	<u>Event</u>	<u>Amount</u>
		Total:	

Board Member / Committee Chair Signature: _____

Approved by: _____

Requests exceeding \$250 must be approved by one voting CCPA Board Member including Co-Presidents, Secretary, Primary or Elementary Room Parent Coordinator, Fundraising Chair(s), Community Service, Communications, etc.

Thank you for helping the CCPA.

IMPORTANT

- This form should only be completed by the Committee Chair or Board Member requesting payment issued to an outside vendor. It may also be used by the Co-Presidents as documentation of debit card use. *If parent members are requesting expense reimbursement, please use the Expense Reimbursement Form.*
- Invoices substantiating this request should accompany this form. Requests without invoices will not be processed.
- Checks are generally issued on a bi-monthly basis. Please allow 5-7 business days for processing. No blank checks will be issued.
- Signed and completed request forms may be placed in the Treasurer’s mailbox in the Carden office.
- Contact CCPA Treasurer, at CCPA.Treasurer@cardenconejo.com with any questions.

