

PLHS POINTER ASSOCIATION

REV. 10/16

**CHECK REQUEST**

Date Requested: \_\_\_\_\_ Requested Amount: \$ \_\_\_\_\_

Date Needed: \_\_\_\_\_ Booster / Group Name: \_\_\_\_\_

**PAYABLE TO:** *Note: All checks will be addressed directly to Payee, unless otherwise specified*

Payee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Check Delivery Options:  USPS (Self-Addressed Stamped Envelope must be included w/ request)  
 Pick-Up → Pick-up Contact email: \_\_\_\_\_

ITEMIZATION (Please attach all <b>Original</b> Receipts)	BUDGET CATEGORY	AMOUNT

TOTAL \_\_\_\_\_

Requested by: \_\_\_\_\_ Requester's Phone: \_\_\_\_\_  
*(Print Name)*

**Validation:** 1) Booster President/Treasurer OR Pointer Association Director or VP, Int./Ext.  
 2) Must NOT be same as requester

Validated By: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Print Name)*

*(Please do not leave at PLHS!)*

SEND FORM AND ORIGINAL RECEIPTS TO:

Scan and email to: PA Internal Review Chair or Mail/Deliver to: Misty Deschenes  
 PLHSPAchkrqst@gmail.com 2418 Caminto Zocalo  
 San Diego, CA 92107

Questions?

About filling out form: Misty Deschenes, PA Internal Review, PLHSPAchkrqst@gmail.com  
 Regarding PA accounts: Tom Xitco, PA Treasurer, [PLHSPAtres@gmail.com](mailto:PLHSPAtres@gmail.com)