

Skyline Friends of the Arts (SFA)

Skyline High School, Ann Arbor, MI

Check Request Form

Division: SFA/Band/Choir/Orchestra/Theatre (Please select one) Sub Account: _____

Purpose: _____

(Please mention the name of the Program/Event for which the payment is intended)

Attachments: _____

(Please attach Invoice, Credit Card Slip, etc. showing the amount to be paid)

Check Payable to: _____ *(40 characters only)*

Check Amount: \$ _____

Check Memo: _____ *(30 characters)*

(You may state reference to Invoice No(s), PO Reference,... for the memo field)

Check Requested by: _____ Signature: _____

Comments: _____ Date: _____

(Following is optional if the Recipient is NOT new AND information hasn't changed)

Check Recipient Name: _____

Check Recipient Address: _____

Check Recipient City, State, Zip code: _____

Check Recipient Email & Phone: _____

Requester and Approver cannot be the same person. Parent Reps and Director roles are interchangeable for approval.

Expenditure Approved by: _____ Signature: _____

(Signature of the Parent Representative or President who is approving this expenditure) Date: _____

Check Collected by: _____ Signature: _____

Check Created: Manual & Mail/Online Date: _____

You may mail this request with approval signature from Parent Representative or President to Ashok Mollin, 2984 S Foxridge Ct, Ann Arbor MI 48105. Appreciate a followup email to ashok.mollin+sfa@gmail.com. Thanks.

(Below fields to be filled by Treasurer. Contact ashok.mollin+sfa@gmail.com or (405) 4 MOLLIN)

Approval Reference # EA _____

Bank Check Ref. # _____ Check Date: _____ Written by: _____