



Check Request Form

Name: _____ Date: _____

Address: _____

e-mail address: _____

Room # _____ Teacher/Committee Approval _____

Amount

Description

Amount	Description
_____	_____
_____	_____
_____	_____
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_____	_____
_____	Total

Please fill out form, attach your receipts and get approval from your teacher or committee chair. Turn in form to the Black Starship Mail Box located across from the office. Questions can be addressed to treasurer@orionschool.org. We will do our best to get your check to you in a timely manner.