

Indian Hills CPI (Committee for Parent Involvement)

Check Request Voucher

DATE: ____ / ____ / ____

MAKE CHECK PAYABLE TO: _____

SUBMITTED BY: _____

COMMITTEE/EVENT: _____

AMOUNT OF CHECK: \$ _____

ITEM/PURPOSE:

CHOOSE ONE OF THE FOLOWING:

Mail check to the vendor at the address listed on the invoice.

Send the check to my home:

Name: _____

Address: _____

Other: _____

COMMITTEE CHAIR APPROVAL: _____

CPI CO-CHAIR APPROVAL: _____

Please leave in the Indian Hills office or submit to:
Shannon Crownover (CPI Treasurer)
scrownover@gmail.com or 515-422-6539



FOR TREASURER'S USE ONLY

Check # _____ Amount \$ _____ Date paid _____