

**LEHSO Check Request Form**



Name \_\_\_\_\_

Make Check Payable to \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

HSO Committee \_\_\_\_\_

Reason for payment \_\_\_\_\_

\*\*\*Attach all receipts, invoices, notes, etc.

To be completed by the Treasurer:

Date Paid	Check #	Amount
_____	_____	_____

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