

Our Lady of the Wayside Family & School Association Check Request Form



Today's date:	
Check should be payable to:	
Amount:	
FSA Account:	
Description and/or Reason for Purchase:	
Requested By:	
Send to: Child Name & Homeroom Nbr (For Backpack Mail)	
Chairperson Approval:	
Check # - Date Paid: (For FSA Treasurer to complete)	

Important Notes:

Attach all original receipts to this check request with the amounts to be reimbursed highlighted, and summarized. No request will be paid without receipts attached.

If you have any questions, please contact the appropriate Chairperson or the FSA Treasurer.