



Agoura High School Parent Faculty Club

CHECK REQUEST

Payable to _____

Address (if to be mailed) _____

Amount _____

Description _____

Requested by _____ Date _____

Budget Category:

- | | |
|--|--|
| <input type="checkbox"/> Campus Improvement | <input type="checkbox"/> Parent Education |
| <input type="checkbox"/> Classroom Support (wish list) | <input type="checkbox"/> Planner |
| <input type="checkbox"/> Direct Appeal | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Directory | <input type="checkbox"/> Principal's Fund |
| <input type="checkbox"/> E-News | <input type="checkbox"/> School Support |
| <input type="checkbox"/> Hardship | <input type="checkbox"/> Section Support |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Spring Fundraiser |
| <input type="checkbox"/> Misc. & Discretionary | <input type="checkbox"/> Website |
| <input type="checkbox"/> _____ | |

Please attach receipts to an 8 ½ x 11 sheet of paper and include with this check request form. Put completed request forms into the PFC box at the school office. All requests must be approved by the president. If you have any questions, please contact Treasurer Susan Kindelt at kindeltfamily@gmail.com

Treasurers Information:

Date paid: _____

Check #: _____

President's signature _____