EXHIBIT 6-3

Treasurer's Use Only
Check #: _____
Date Issued: _____

Purchase Authorization / Check Request

_____

(Parent Organization Name)

Date: _____

Person Requesting Check: _____ **Telephone:** _____

TO:

FOR:

(Complete below if being used for purchase authorization.)

Quantity	Description	Price	Total
			Total $

_____
Preparer Signature

_____
Parent Organization Officer Approval

_____
Teacher / Sponsor Approval (if necessary)

Check Delivery Instructions:

☐ Check will be picked up by: _____

☐ Mail check to payee

☐ Other: _____