



The Seneca Eagles Band Parents Association

P.O. Box 2097, Vincentown, NJ 08088

www.SEBPA.org

CHECK REQUEST

Date: _____

Check requested by: _____

Committee (if applicable): _____

Purpose: _____

Amount: _____ Check Number _____

Make Check Payable to: _____

Approved by:

Committee Chairperson (if applicable)/Date

President or other Officer Date

Treasurer Date

Note: Receipts and/or invoices must accompany request for payment.
For advances, receipts must be submitted within ten (10) days of event or purchase.