



# Upper Providence Home & School Association

## Check Request Form

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Requested By	Date Requested	Event	Check Amount \$	Date Needed
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Intended Use for Items:

Description	Total Amount
	\$
	\$
	\$
	\$

Sales Tax  
\$

Total  
\$

**UP Home and School Assoc.**  
 833 S. Lewis Rd., Bldg 3  
 Royersford, PA 19468  
 (610) 705-6009  
 Web Site: [www.uphsa.org](http://www.uphsa.org)

Check Number: \_\_\_\_\_  
 Check Amount: \_\_\_\_\_  
 Check Date: \_\_\_\_\_  
 Written By: \_\_\_\_\_