



CHECK REQUEST

Archway Classical Chandler Parent Organization

DATE _____

1951 North Alma School, Chandler, AZ 85224
Phone: 480.855.6474 Fax: 480.855.7475

CHECK

PAYABLE

TO

DESCRIPTION	G/L ACCOUNT	GRANT FUNDED	LINE TOTAL
TOTAL			

1. Documentation for Request Attached:

2. Please Attach a Copy of Receipt or Invoice to Archway
Parent Organization

Requested by: _____ Date: _____

Authorized by: _____ Date: _____

PLEASE SUBMIT THIS FORM TO THE ACC PO FOR PROCESSING