ADHS PTSA 2017-2018

CHECK REQUEST FORM

Check one of the following: ☐ Reimbursement ☐ Payment Request

Check Requested by: _____

Date Requested: _____ Date Needed: _____

Payable to: _____
Mail to: _____
_____
_____

Amount: $_____

Budget Category: _____
Purpose / Explanation: _____
_____
_____

Special Instructions: _____

In order to handle and expedite your request, please attach an original receipt or invoice and deliver to:

Glynda Westerbeek – ADMHS PTSA Treasurer
Athens Drive Magnet High School
1420 Athens Drive, Raleigh, NC 27606

Authorized by:

_____ _____
Chairperson date President or Treasurer date

For Treasurer's use only:

Date paid:_____
Check #: _____
Total Amount: $_____