

Athens Drive Magnet High School PTSA

CHECK REQUEST FORM

Please **attach** your expense **receipts or vendor invoices** to the **back of this sheet**.
Place form in the **PTSA basket** in the **mailroom** or email **treasurer@athensdriveptsa.com**
within 30 days of expenditure.

Check One:

- ☐ Request reimbursement (attach receipts)
☐ Request direct payment (attach vendor invoice)
☐ Request advance payment (attach vendor request/ contract)

Check One:

- ☐ Mail to requestor
☐ Mail to vendor
☐ put in school mailbox

If immediate payment is required or special circumstances apply, please call the Treasurer

Check Requested by:

Date Requested: _____ Date Needed: _____

E-Mail Address _____

Telephone Number _____

Make check payable to: _____

Mail to: _____

Event/Budget Line: _____

| Date | Vendor | Purpose/Explanation/Description of Expense | Subtotal | Sales Tax** | Total |
|--------------------------------|--------|---|----------|----------------|-------|
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| | | | | | |
| TOTAL Payment Requested | | | | | \$ |

** only need this if payment is direct to vendor

Authorized by:

Chairperson _____ Date _____

President or Treasurer _____ Date _____

| For Treasurer's Use Only: | | |
|---------------------------|------------------|----------|
| Date paid: | Total Amount: \$ | Check #: |
| | | |