Green Hope High School PTSA

CHECK REQUEST FORM FOR REIMBURSEMENT

***** Please be sure to attach all original receipts, statements or invoices with this request. Checks will not be issued without proper documentation. Contact Treasurer, Savita Sharma at (225) 266-9350 or savandsri@gmail.com with questions.*****

Date: _____ Person Requesting Check: _____

E-Mail: _____ Phone: (_____)_____

Committee: _____

Purpose of Expenditure: _____

_____

_____

_____

_____

_____

TOTAL Reimbursement Amount: $_____

Pay To The Order of: _____

Mail check to this address: _____

_____

_____

NOTE: The Committee's Plan of Work must be on file with the GHHS PTSA prior to PTSA checks being written.

***** ATTACH ORIGINAL RECEIPTS AND MAIL TO*****

Savita Sharma
105 Links End Dr.
Cary, NC 27514

Please Do Not Write Below Line

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_____ _____

PTSA President, VP or Secretary (circle position) Date

PTSA Treasurer Date

Check # _____ Check Date: _____

Expense Category: _____

Audit Committee Reviewed/Approved by initials: _____ *Date:* _____