

CHECK REQUEST FORM

NORTHWEST GUILFORD HIGH SCHOOL PTSO

Requested by: _____ (Print Name) Date: _____

Request for Reimbursement
 Debit Card Transaction
 Request for Payment of Invoice

| Budget Category | Purpose of Expenditure | Amount |
|--|------------------------|--------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| (Attach additional pages if necessary) | | TOTAL |
| | | \$ |

Delivery Options: Send check home with my child. (Homeroom _____)
 Mail to Address on Invoice (if personal reimbursement, cost of postage will be deducted from your check)
 Other _____

*** Original receipts must be attached. Only budgeted items may be reimbursed. ***
 ~ Place completed form and all attachments in **Treasurer Folder (PTSO Mail Slot)** ~

FOR TREASURER'S USE ONLY

Sales Tax Paid \$ _____
 All Receipts Attached? _____
 Budgeted Purchase? _____

Notes: _____ Date Delivered: _____

