



Northern Guilford High School

**PTSA**

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## Request for Check or Reimbursement (circle one)

Date of Request: \_\_\_\_\_

Person Requesting Check: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Purpose of Check: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Address if check needs to be mailed \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Signature of Chair: \_\_\_\_\_

(only if requester is not the head Chairperson)

**\*\*All original receipts must be attached to this completed form.**

**\*\*\* Please keep personal purchases separate from PTA purchases.**

Signature of Treasurer: \_\_\_\_\_

Check Number Issued: \_\_\_\_\_ Amount of Check: \_\_\_\_\_

Date: \_\_\_\_\_ Sales Tax: \_\_\_\_\_

Assigned to Budget Category: \_\_\_\_\_

Authorized by: \_\_\_\_\_