

CHECK REQUEST FORM

NORTHWEST GUILFORD MIDDLE SCHOOL PTSO

Requested by: _____ (Print Name) Date: _____

Request for Reimbursement

OR

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 Mail Slot** ~

FOR TREASURER'S USE ONLY

Sales Tax Paid \$ _____

All Receipts Attached?

Budgeted Purchase? _____

Notes: _____

Date Delivered: _____

