

# 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)		<b>TOTAL</b> \$

Delivery Options:       Send check home with my child. (Homeroom \_\_\_\_\_ )  
                                   Mail to Address on Invoice  
                                   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: \_\_\_\_\_

