

ANGP / Mulch

2019-2020

Centreville High School

PTSA
everychild.onevoice.®

CHECK REQUEST FORM (2019-2020) (use to request reimbursement from the PTSA)

1.

Date of Request:	
Activity:	
Person requesting:	
Requestor Email/phone #: (in case there are questions)	

2.

Make check payable to:	
Mode of check delivery: (circle one)	USPS Hand deliver Other _____
Mailing Address (if applicable)	
Amount Requested:	\$ _____
Budget Category: (if known)	
Purpose of Expenditure:	

Signature of requestor (if possible): _____ **or**
Treasurer received receipts from: _____ (Initials: ____; Date: _____)

FOR TREASURER'S USE ONLY

Date issued: _____ **ANGP Check #**

Line Item/Budget Category applied: _____

Comments: _____

Mode of delivery: _____

Entered into QB Check cleared bank Date check cleared: _____