

Glen Allen High School PTSA Check Request Form

Date: _____

Check requested by: _____ Phone number: _____

PTSA Position _____

Event or Assignment _____

Amount Requested: \$ _____ Date of Event _____

Invoice attached Receipt attached

Details of Disbursement: _____

Write Check To:

Name of Person/Company _____

Address _____

Approved by:

Treasurer's Signature

President's or Vice President's Signature

For PTSA Treasurer Use:

Membership-approved activity

Executive Board-approved expenditure

Funds released by membership

Date approved in minutes _____

Budget Category	Budgeted Amount	Spent to Date	Check Number	Amount

Please staple receipt(s), brochures, or any documentation that is available to support your request. Receipts are required for reimbursement. Request must be signed by authorized PTSA board member.