

Sanderson High School PTSA Check Request Form

Date: _____

Amount: _____

Payable To: _____

Address: _____

Provide mailing address or instructions for check delivery

Requested By: _____

Committee: _____

Phone: _____ Email: _____

Expense Itemization:

Description of Expense	Amount	Budgeted GL Code
Total		

PTSA President Approval: _____

Check #:	Check Date:
NC Sales Tax:	Check Amount:
Original Budget Approval: Y N	Date of Amended Budget Approval: