

NDMS PTSO

CHECK REQUEST FORM

PLEASE leave your request in the PTSO Box or email them to: denise28@triad.rr.com

REQUESTED BY: _____

PHONE #: _____

DATE REQUESTED: _____

AMOUNT REQUESTED: _____

Make Check Payable To: _____

If you'd like check mailed please fill out the following:

Mail Check To:

Name _____

Street _____

City, State, Zip _____

Classroom Allowance - Not to Exceed \$100

Grade: _____

Room Number: _____

Total of Reimbursements: _____

List of items purchased:

**ALL CHECK REQUESTS MUST HAVE AN INVOICE
OR RECEIPT ATTACHED**

No reimbursement will be made without proper supporting receipts for expenses incurred

For Treasurer's Use Only

Check # _____

Check Date: _____

Check Amount: _____