

Thomas R. Grover Middle School PTSA

Check Request Form

Please print information

Date of Request: _____ Submitted by: _____

Name

Committee: _____

Phone: _____ Email: _____

Signature: _____

Amount Requested:

\$ []

Date Needed By: _____

Make Check Payable To: _____

Mail Check to*: _____

Self-addressed Stamped Envelope must be included for check to be mailed.

Explanation of purchase: (Receipts or invoice must be attached.)

Please submit check request, documentation, and a *self-addressed, stamped envelope to:

Angela Young, GMS PTSA Treasurer
Phone: 609-462-1749
Email: amayoung94@gmail.com

You can leave your request in the Treasurer folder in the file drawer, but please email her to let her know this. Checks will be mailed to payee address listed above within 10 business days, unless otherwise noted. Please keep a copy of completed form and receipts for your records.

*****For Treasurer Use Only*****

Check #: _____ Amt Paid: \$ _____ Date: _____

Budget/Committee Category: _____

Account: (supplies, fees, entertainment, equip. rental, etc.) _____