



WAKEFIELD MIDDLE SCHOOL PTSA

2300 Wakefield Pines Drive
Raleigh, North Carolina 27614

CHECK REQUEST FORM

Date: _____ Requested by: _____ Amount: _____

Purpose of Expenditure (**please be specific**): _____

Budget Line Item(s): _____

VP or Committee Chair Signature: _____

CHECK TOTAL: _____

MAKE CHECK PAYABLE TO: Mail to address below Pick up in PTSA mailbox

Name (please print): _____

Address: _____

City, State & Zip: _____

Phone: _____ Email: _____

*****No expenses can be reimbursed without the ORIGINAL receipts. Please staple all original receipts, invoices, order forms, etc. to this request form.***

AUTHORIZED BY:

President's Signature

Date

Treasurer's Signature

Date

FOR TREASURER'S USE ONLY:

Check Number: _____ \$: _____ Date Paid: _____

Additional Info: _____