## Enloe High School PTSA CHECK/EXPENSE REQUEST FORM

This form is to be used only for the authorized expenditures of the PTSA and its committees and all such expenditures must be within the budget guidelines. Please complete within 30 days of expenditure & please attach receipts.

| DATE:  |                     | CHECK PAYABLE TO:                   |                       |
|--|---------------------|-------------------------------------|-----------------------|
| I WILL PICK UP CHECK OR  |                     | MAIL CHECK TO THE FOLLOWING ADDRESS |                       |
| FROM SCHOOL PTSA BOX   |                     |                                     |                       |
| LEAVE CHECK  |                     |                                     |                       |
| IN DESIGNATED TEACHER MAILBOX  |                     |                                     |                       |
| TOTAL AMOUNT REQUESTED \$  |                     |                                     |                       |
| Please itemize expenses below:   |                     |                                     |                       |
| DATE PURPOSE   |                     | OF EXPENSE                          | AMOUNT                |
|  |                     |                                     |                       |
|  |                     |                                     |                       |
|  |                     |                                     |                       |
|  |                     |                                     |                       |
|  |                     |                                     |                       |
| REQUESTED BY:  |                     | PHONE/EMAIL:                        |                       |
|  | AUTH                | IORIZED BY:                         |                       |
| PTSA President or President Elect  |                     | Treasurer                           |                       |
| <b>Directions:</b> Please attach <b>original receipts</b> pay original invoices directly to the vendor | -                   |                                     | form. Enloe PTSA will |
| 128 Cl   | High Scholarendon ( |                                     |                       |
|  | tillälli l          | a casurer & emochisa com            |                       |
| Treasurer's Use only:  | A 4                 | D. J 4 T T4                         |                       |
| Check #: Date:   | Amount:             | Budget Line Item:                   |                       |