|  |
| --- |
| **B-CC High School PTSA**  Check Request Form for Expense Reimbursement |

|  |
| --- |
| **Date:** |
| **Person Requesting the Check:** |
| **Phone:** |
| **Purpose/Event or Committee:** |
| **Description of Items:** |
| **Check Payable to:** |
| **Amount:** |
| **Instructions for disbursement (e.g., where the check should be sent):** |

Please complete the information in the box above, attach all receipts related to this expense, and return to the PTSA Treasurer:

Michael Campbell  
 4601 Windsor Lane  
 Bethesda, MD 20814  
 or email to mgcampbell@mmcanby.com

|  |  |
| --- | --- |
| Check # |  |
| Date Issued |  |
| Approved |  |
| President |
| Treasurer |  |
| Receipts | YES/NO |
| Expense Category |  |