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

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| **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

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