



HERITAGE HIGH SCHOOL PTSA
 1150 FORESTVILLE ROAD
 WAKE FOREST, NC 27587
 919-570-5600



CHECK REQUEST FORM

Payment Requested By: _____ Date: _____
 Committee: _____ Amount Requested: _____
 Purpose: _____

- Request Reimbursement
 Request Payment of Invoice To: _____
 Address: _____

Please itemize expenses below:

ITEM	CATEGORY*	SALES TAX	AMOUNT	TOTAL
CHECK REQUEST TOTAL				\$

*PLEASE REFER TO THE ANNUAL BUDGET FOR CATEGORY LISTING

ADDITIONAL REMARKS:

President's Signature: _____
 Treasurer's Signature: _____

TREASURER'S USE ONLY:

Date Received: _____ Total Amount: _____
 Date Paid: _____ Check No.: _____

*****Receipts and/or detailed invoices and an authorizing signature are required before payment can be made.*****