

# EASTERN MIDDLE SCHOOL

## CHECK REQUEST FORM

Please complete this form and attached ALL receipts, and place it in the PTSA box in the Eastern Middle School office, or send it to Eastern Middle School, ATTN:PTSA Treasurer, 300 University Blvd E, Silver Spring, MD 20901.

Date Requested: \_\_\_\_\_ Date(s) of Expense: \_\_\_\_\_

Amount of Expense: \_\_\_\_\_

Check To Name: \_\_\_\_\_

Check To Address: \_\_\_\_\_

Requested By: \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

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### INTERNAL USE

Documentation: RECEIPTS \_\_\_\_\_ INVOICE \_\_\_\_\_ OTHER: \_\_\_\_\_

Check Date: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CHECK AMT: \_\_\_\_\_

BUDGET LINE ITEM ASSIGNED: \_\_\_\_\_