

# Herndon High School PTSA DAFA Check Request 2017 - 2018

To: PTSA Treasurer – Eva-Merete Ozkaptan  
1206 Bicksler Ct., Herndon VA 20170

HerndonHSPTSA.Treasurer@gmail.com  
703-975-9213

From: \_\_\_\_\_ Date: \_\_\_\_\_

Check \_\_\_\_\_ Due Date: \_\_\_\_\_

Payable to: \_\_\_\_\_

Mail check \_\_\_\_\_ Amount \_\_\_\_\_

to: \_\_\_\_\_ Requested: \_\_\_\_\_

**Expense is related to: (Check all that apply. If more than one, include amount for each.)**

- |   |   |
|---|---|
| Activities <input type="checkbox"/>           | Activities <input type="checkbox"/>           |
| Decorations <input type="checkbox"/>          | Administration <input type="checkbox"/>       |
| Food <input type="checkbox"/>                 | Clean-up <input type="checkbox"/>             |
| Fundraising Expenses <input type="checkbox"/> | Decorations <input type="checkbox"/>          |
| Prizes <input type="checkbox"/>               | Food <input type="checkbox"/>                 |
| Publicity <input type="checkbox"/>            | Fundraising Expenses <input type="checkbox"/> |
| <input type="checkbox"/>                      | Prizes: Casino <input type="checkbox"/>       |
| <input type="checkbox"/>                      | Prizes: Door <input type="checkbox"/>         |
| <input type="checkbox"/>                      | Prizes: Grand <input type="checkbox"/>        |
| <input type="checkbox"/>                      | Publicity <input type="checkbox"/>            |
| <input type="checkbox"/>                      | Security <input type="checkbox"/>             |
| <input type="checkbox"/>                      | Site Rental <input type="checkbox"/>          |
| <input type="checkbox"/>                      | Tickets <input type="checkbox"/>              |

Please describe items purchased (or needed) and amounts. Attach all relevant receipts, worksheets, or other documentation. **Within 2 days of receiving the check, all receipts and this form must be given to the Treasurer via electronic mail, mail or dropped off at residence.**

Item(s) purchased or INDICATE IF A DEPOSIT AND DEPOSIT %	Amount
_____	_____
_____	_____

Submitted by: \_\_\_\_\_ Committee Chair: \_\_\_\_\_  
(if not submitted by committee chair)

Check issued: By: \_\_\_\_\_ Date: \_\_\_\_\_ Number: \_\_\_\_\_