

Herndon High School PTSA

PTSA Check Request

2017 - 2018

To: PTSA Treasurer – Eva-Merete Ozkaptan HerdonHSPTSA.Treasurer@gmail.com
 1206 Bicksler Ct, Herndon VA 20170 703-975-9213

From: _____ Date: _____
 Check Payable to: _____ Due Date: _____
 Mail check to: _____ Amount Requested: _____

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

- | | | | |
|------------------------------------|--------------------------|----------------------------|--------------------------|
| Administration | <input type="checkbox"/> | Baccalaureate | <input type="checkbox"/> |
| Building Donation | <input type="checkbox"/> | Communication | <input type="checkbox"/> |
| Directory | <input type="checkbox"/> | DAFA | <input type="checkbox"/> |
| Education Programs | <input type="checkbox"/> | Hospitality | <input type="checkbox"/> |
| Insurance | <input type="checkbox"/> | Newsletter | <input type="checkbox"/> |
| Parent Education | <input type="checkbox"/> | Principal's Fund | <input type="checkbox"/> |
| PTSA Dues | <input type="checkbox"/> | PTSA Library | <input type="checkbox"/> |
| Reflections | <input type="checkbox"/> | Staff Development | <input type="checkbox"/> |
| Tax Preparation | <input type="checkbox"/> | Teacher Honorarium | <input type="checkbox"/> |
| Teacher Mini-Grant (by 5/1) | <input type="checkbox"/> | Teacher – Other (describe) | <input type="checkbox"/> |
| Technology | <input type="checkbox"/> | Technology Scholarship | <input type="checkbox"/> |
| Special Funding Request (Describe) | <input type="checkbox"/> | Other | <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: _____