

# Herndon High School PTSA PTSA Check Request 2019 - 2020

To: PTSA Treasurer – Steve Thompson  
700 Bennett Street, Herndon VA 20170

HerndonHSPTSA.Treasurer@gmail.com  
703-862-6535

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.)**

- |   |   |
|---|---|
| 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: \_\_\_\_\_