

**Northview High School PTSA
Check Request Form**

Complete this form for any expenditure made on behalf of the NHS PTSA. **No check will be issued to an individual unless receipts are attached.** If you are requesting an invoice to the PTSA be paid, please attach it to this form in lieu of receipts. Payment will be made directly to the vendor. If your request is for an advance payment or deposit, please call Freda Hardage 770-403-9619. The PTSA does not pay sales tax on items that are **purchased for resale**. Please get a copy of our tax letter to give to your supplier prior to making your purchase.

Date: _____ Amount Requested: \$ _____

Your Name: _____ Your Phone: _____

Check Payable to: _____

Do the following with the check:

- Mail to the following address: _____

- Put in the following PTA mailbox: _____
- Put in the following Teacher mailbox: _____

Committee/Budget Category : _____

Explanation of Expenses: _____

Approval must be obtained on all purchases. Failure to obtain approval may result in the purchaser incurring the expense.

VP Signature: _____ Date: _____

Co-President Signature: _____ Date: _____

*****Do not write below this line*****

Paid: Check # _____ Date: _____ Amount paid: \$ _____