

WCHS PTSA - CHECK REQUEST FORM

Date of Request: _____

Name of Requester: _____

Check Payable To: _____

Address: _____

Telephone #: _____

Email Address: _____

Special Instructions: _____

Description of Expense	Budget Category	Amount

Total Check Amount \$ _____

Approval _____

***** Please attach all **original receipts** and leave it in the PTSA mailbox, inside Treasurer Folder.

***** OR mail the form and receipts to:
 Martha Shannon
 9510 Kentsdale Drive
 Potomac, Maryland 20854

***** Or Scan and email to: shannonmartha@gmail.com