## **Staple Receipts Here**

Audit committee initials: \_\_\_\_\_

## Northern Guilford Middle School PTSA

616 Simpson-Calhoun Road Greensboro, NC 27455



## CHECK/REIMBURSEMENT REQUEST (Circle One)

Date of Request:/ Committee:	MOIXTILL
Person Requesting Check/Reimbursement:	-
Reason for Payment/Reimbursement:	
(Circle One) Included in Annual Budget OR Approved at Meeting on:/	
TOTAL CHECK/REIMBURSEMENT: \$ (Sales Tax included on Invoice/Receipt?	Circle YES/NO)
Make Check Payable To Name (please print):	
Address (if needs to be mailed):	
·	
Signature of Requester:	
Approved by (2 <sup>nd</sup> Check Signer):	
<ol> <li>Please attach original invoice, receipt, contract, or other document, if available, for a service service to be provided when requesting a check. <i>All payments should be made by PTA check who</i></li> <li>Please note: All items reimbursed by PTSA funds are property of NGMS PTSA and campus for the life of the product.</li> <li>Per IRS No receipt = no reimbursement. No personal items on receipt.</li> <li>Approval must be obtained on all purchases and/or contracts in advance. Failure to obtain may result in the requester having to incur the expenses.</li> <li>The PTA president is the only board member authorized to sign contracts.</li> <li>Please use one reequest form per check needed and per budget category.</li> </ol>	nen possible.
Treasurer use only:         Issue Date:	
Assigned Budget Category:	
Treasurer Signature/Approval:	
SALES TAX for bi-annual refund: Subtotal(2%) \$Tax 2%= Subtotal(6.75%) \$	Tax 6.75%=