

Glenelg High School PTSA Check Request Form

Name: _____

Date Submitted: _____

(Fill out below if not on GHS Executive Board or information is new)

Address: _____

Phone: _____

Email: _____

Make check payable to (if different from name listed above):

Amount: \$ _____

Description of expenses: _____

(Signature)

RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT

Expense Category	Amount	Expense Category	Amount
Communications		School Support	
Bulk Mailing Permit		Community Enrichment	
Directory		School-Community Recognition/Benevolence	
Membership/ Postage		Booster Club Dues Passthrough	
After Prom Expenses		Hospitality: _____	
After Prom Fundraising Expenses: _____			
After Prom: Entertainment		PTACHC Scholar Fund	
After Prom: Facility Rental		Senior Awards	
After Prom: Food		Other (specify general category):	
After Prom: Prizes			
After Prom: Other _____			
		TOTAL Amount Requested:	\$

Paid by: _____

Date paid: _____

Amount: \$ _____

Check number: _____

Recorded: _____