

Heritage Elementary School - Check Request Form

RECEIPT MUST BE ATTACHED FOR PAYMENT

Date: _____ **Requested By:** _____

Phone Number: _____

Check Written To: _____

Details/Purpose of Expenses: _____

Approval for Expense over \$250 (3 Board Members)

1: _____ **2:** _____ **3:** _____

Expenses:

Expense Amount _____ **Expense Category** _____

Expense Amount _____ **Expense Category** _____

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Expense Amount _____ **Expense Category** _____

Expense Amount _____ **Expense Category** _____

Expense Amount _____ **Expense Category** _____

PTA Use Only

Total Before Tax: _____

Sales Tax: _____

Tax to be Reimbursed By State

Total to be Paid: _____

Signature of Treasurer _____

Date

Signature of President _____

Date

Date Paid _____

Check # _____

Heritage Elementary 3500 Rogers Road Wake Forest, NC 27587 919-562-6000