SHOREWOOD HIGH SCHOOL PTSA

CHECK REQUEST FORM

**Attention!**

Expenditures submitted for reimbursements should be in the approved PTSA budget.

Any expenses over the budgeted amount or not in the budget must be approved by the board prior to being reimbursed. Board pre-approval is recommended.

Please complete this form, attach receipt(s) and Committee Chairs’ approval.

Incomplete docs will delay payment process.

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Shorewood PTSA Treasurer

By email: Treasurer@shorewoodptsa.org  
By mail: Shorewood PTSA 17300 Fremont Avenue N, Shoreline 98133  
Drop off: PTSA Mailbox at the Shorewood High School Front Office.

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Request Date:   
Requester’s Name:   
Requester’s Email:   
Requester’s Cell Phone:

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Make check payable to:

Amount of check: $

Description / Purpose: Receipt is attached

Requestor Signature:

Approved by: Date:   
(Committee Chairs)

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Date check needed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please checkmark one of these below:

\_\_\_\_\_Mail check to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_Leave in PTSA box  
\_\_\_\_\_Leave in teacher box for pickup

\_\_\_\_\_Other. Please specify:

|  |
| --- |
| FOR TREASURER’S USE ONLY  Paid date: \_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check#: \_\_\_\_\_\_\_\_\_\_\_\_  Budget Line item#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments : |