



CARNAGE GT MAGNET MIDDLE SCHOOL PTSA

1425 Carnage Drive
Raleigh, NC 27610-3909
919-856-7600

CHECK REQUEST FORM

Date: _____ Committee Name: _____

Person Requesting Check: _____ Phone No.: _____

E-mail Address: _____

Amount of Check: \$ _____ Direct Payment Reimbursement (Check One)

Sales Tax Amount: \$ _____ Budget Category: _____

Please note that the PTSA can only request a sales tax refund on payments made directly to a vendor.

Purpose of Expenditure (please be specific): _____

Check Payee Name: _____

Address: _____

City/State: _____ Zip Code: _____

Check Will Be: Mailed Picked Up (Check One) Date Check Needed: _____

Committee Chair Authorization: _____ Date: _____

PLEASE ATTACH ALL SUPPORTING DOCUMENTATION

(Do not write below line.)

Authorized By: President: _____ Date: _____

Treasurer: _____ Date: _____

Check No.: _____ Date Paid: _____ Notes: _____
--