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| **Marvin Ridge Middle School Parent Teacher Student Organization, Inc.** |
| **Check Request** |
|  |
| Date of Request: |  |   |  |
| Please make check payable to: |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please mail check to: |   |   |   |   |  |  |
|  |  |  | Street Address |  | City/State |  | Zip Code |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **EXPLANATION** | Receipt Amount (List separately) | Sales Tax | Total Amount |
| Please provide a detailed explanation/description/use of items/services purchased or to be purchased. |
| Approved Bill, Invoice or Receipt must be attached for payment or reimbursement |
|   |   |   |   |   |   |   |   |   |  |   |  |   |
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|   |   |   |   |   |   |   |   |  **TOTAL** |   |   |   |   |
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| Requesters Name: |  |  |  | Phone Number: |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Committee: |  |  |  | **For accounting purposes only:** |   |
|  |  |  |  |  |  |  |  |  |  | Check No. |   |   |   |
| President Signature (for checks > $1000) |  |  | Date: |   |   |   |
|  |  |  |  |  |  |  |  |  |  | Amount: |   |   |   |
| **MAIL** Check Requests & Receipts to: | **Michelle Pierce** |  |  |  |  |  |  |  |  |
|  |  |  | **Attn: MRMS PTSO** |  |  |  |  |  |  |  |  |
|  |  |  | **1723 Funny Cide Dr.****Waxhaw, NC 28173** |  | Please call or email Michelle Pierce, Treasurer, at 704-256-9591 or mrmsptsotreasurer@gmail.com |
|  |  |  |  |  |  |  |  |  | if you have any questions or need to make  |
|  |  |  |  |  |  |  |  |  | special arrangements to pick up your check. |