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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 | |
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| **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: | |  | | | | | | |
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| 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. | | | | | | | | |