

Marvin Ridge Middle School Parent Teacher Student Organization, Inc.

Reimbursement Request Form

Date of Request: _____

Please make check payable to: _____

Mailing Address: Please include a self-addressed stamped envelope if you want your check mailed.

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			
TOTAL			

Requester's Name: _____

Phone Number: _____

Committee: _____

President Signature (for checks > \$1000) _____

For accounting purposes only:	
Check No.	_____
Date:	_____
Amount:	_____

MAIL Check Requests & Receipts to: **Katie Ewing**
Attn: MRMS
PTSO
2831 Crane Road
Waxhaw NC 28173

Please email mrmsptsotreasurer@gmail.com with any questions.