

# Marvin Ridge Middle School Parent Teacher Student Organization, Inc.

## Check/Reimbursement Request Form

Date of Request: \_\_\_\_\_

Please make check payable to: \_\_\_\_\_

Mailing Address:  
Please include a self-addressed stamped envelope with this form.

\_\_\_\_\_

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			
<b>TOTAL</b>			

Requester's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Budget Line Item/Committee: \_\_\_\_\_

President Signature (for checks > \$1000) \_\_\_\_\_

<b>For accounting purposes only:</b>	
Check No.	_____
Date:	_____
Amount:	_____

**MAIL** Check Requests and Receipts to:

**Tonya McCally**  
Attn: MRMS PTSO  
2006 Meadow Vista Dr.  
Marvin, NC 28173

Please call or email Tonya McCally, PTSO Treasurer, at (704) 302-7120 or mrmstptso treasurer@gmail.com if you have any questions or need to make special arrangements to pick up your check.