

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			
TOTAL			

Requester's Name: _____

Phone Number: _____

Budget Line Item/Committee: _____

President Signature (for checks > \$1000) _____

For accounting purposes only:	
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.