

Northside High School PTSA

CHECK Request / REIMBURSEMENT Voucher

Make check payable to: _____

Amount: _____

Reimbursement for: _____

Requested/Submitted by: _____ Date: _____

Approved by President _____ Date: _____

Approved by Vice President _____ Date: _____

Please mail check to: _____

Address: _____

City, State Zip _____

Remember to attach all receipts.

TREASURER TO FILL OUT BELOW INFO

Check #: _____ Budget Item: _____

Description/Details: _____

Treasurer Signature

Date

Notes/Comments: _____
