



Chantilly High School PTSA

4201 Stringfellow Road
Chantilly, VA 20151
(703)222-8100

CHECK REQUEST FORM: **ANGP**

Date: _____

Requested by: _____

Phone Number: _____ Email: _____

Payable to: _____

Amount Requested: \$ _____

Budget Category(ies):	(1) _____	\$ _____.
	(2) _____	\$ _____.
	(3) _____	\$ _____.

Purpose of Expenditure(s): _____

____ School Mail Box Slot OR

____ Mail to Address: _____

Signature of Committee Chair: _____

Committee Name: _____

Please attach bills, invoices, receipts or a signed contract to this request. A separate request is required for each payee (check), but multiple items and categories may be included in one request. Indicate amounts to be charged to each budget category.

For more than 3 receipts, prepare a worksheet that summarizes the amounts to be paid.

E-mail treasurer@chantillyhsptsa.org to coordinate delivery.

Treasurer's Use:

Date Paid: _____

Check Number: _____