

**Heritage Middle School PTSA Check Request Form**

**Date:** \_\_\_\_\_

**Name and Position of Person Requesting Check/Reimbursement:**

\_\_\_\_\_

**Amount of Check/Reimbursement:** \_\_\_\_\_

**Budget Line Item:** \_\_\_\_\_

**Reason for Expenditure:**

\_\_\_\_\_

\_\_\_\_\_

**Date Received by Treasurer:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Check Amount:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Submit all Check Request Forms to the HMS PTSA Treasurer.  
Please direct all questions to the HMS PTSA Treasurer at [hmseaglespta@gmail.com](mailto:hmseaglespta@gmail.com)**