

**WAKEFIELD MIDDLE SCHOOL PTSA
2300 Wakefield Pines Drive
Raleigh, NC 27614**

CHECK REQUEST FORM

DATE: _____

COMMITTEE REQUESTING CHECK: _____

PURPOSE OF EXPENDITURE: _____

CHECK MADE OUT TO: _____

BUDGET CATEGORY: _____

BUDGET BALANCE: _____

AMOUNT: \$ _____

How would you like to receive the check? (Check one)

_____ Pick up in your committee's PTSA folder at school

_____ Mail to home address, listed below:

Home Phone # _____

***No expenses can be reimbursed without receipts. Please staple all original receipts, invoices, order forms, etc. to this request form. All request forms will be picked up on Wednesday afternoons from Treasurer's Folder for processing on a weekly basis. Checks will be signed and ready for distribution Thursdays of that week.

COMMITTEE CHAIR SIGNATURE _____

VOLUNTEER SIGNATURE _____

VP OF COMMITTEE SIGNATURE _____