

# Gaithersburg High School PTSA, Inc.

## Request for Payment

---

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

Check Payable to: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Attach the original receipt (or copy) to this form. Receipts will not be returned.

Are Receipts Attached? Yes or No (If No, please provide explanation.)

\_\_\_\_\_

Line Item from the Approved Budget: \_\_\_\_\_

Itemized Expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested by: \_\_\_\_\_  
Signature Date Phone No.

Committee Chairperson Approval: \_\_\_\_\_  
Signature Date

GHS PTSA President Approval: \_\_\_\_\_  
Signature Date

For questions please contact Ted Seifu, PTSA Treasurer, at  
taccounting@comcast.net or 301-814-5615.

-----

Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_