

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.

GHS PTSA President Approval: _____

Signature Date

For questions please contact Jen Frohman, PTSA
Treasurer, at jennyfrohman@gmail.com or 301-915-
7894.

Date Paid: _____ Check # _____