



SLHS ANGP Check Request Form

Please contact the Treasurer with any questions: ANGPTreasurer@southlakesPTSA.org

Please complete the form in order process your request for reimbursement or for a check payment from SLHS ANGP.

Attach all invoices or ORIGINAL receipts to the form.

ANGP Chairperson (Approval): _____

Date: _____

Contact information (Email/Phone): _____

Reason for Request: _____

Amount Requested: _____

Check Payable to: _____

Mail Check to: (Name & Address) _____

Please select the correct expense category:

- | | | |
|----------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| <u>Activities</u> | <u>Administrative</u> | <u>Misc Personnel</u> |
| Games <input type="checkbox"/> | Supplies <input type="checkbox"/> | Custodians <input type="checkbox"/> |
| Caricaturist/Tattoo <input type="checkbox"/> | Advertising <input type="checkbox"/> | Fire Marshall/Inspections <input type="checkbox"/> |
| Hypnotist <input type="checkbox"/> | Subscriptions/Licenses <input type="checkbox"/> | Kitchen Staff <input type="checkbox"/> |
| Magician <input type="checkbox"/> | | Theater Tech <input type="checkbox"/> |
| Masseuse <input type="checkbox"/> | <u>Casino</u> <input type="checkbox"/> | |
| Steel Drum Player <input type="checkbox"/> | | <u>Food (including Paper Supplies)</u> <input type="checkbox"/> |
| DJ <input type="checkbox"/> | <u>Decorations</u> <input type="checkbox"/> | <u>Graduate Gifts</u> <input type="checkbox"/> |
| Baby Instagram <input type="checkbox"/> | | |
| Money Machine Money <input type="checkbox"/> | <u>Prizes</u> <input type="checkbox"/> | <u>Other:</u> _____ <input type="checkbox"/> |

For Treasurer's Use Only:

Check Number: _____

Amount of Check: _____

Check Date: _____