



Apex Friendship High School PTSA

7801 Humie Olive Rd. Apex, NC. 27502

www.apexfriendshipptsa.org



Check Requisition Form

Date & Committee: _____	Check Total: _____
Requested by: _____	Position: _____
Email: _____	Phone: _____

REIMBERSEMENT

Make Check to: _____

Address: _____

City, State & Zip: _____

Phone: _____

OR

DIRECT PAYMENT (invoiced)

Make Check to: _____

Address: _____

City, State & Zip: _____

Phone: _____

Please list each receipt separately below. All items should be accompanied by receipt or invoice.

Budget Line Item or Committee	Paid To:	Date:	Purpose purchase: Please elaborate use of items	Sales Tax	Line Item Total

For PTSA Use Only:

Check # _____ Amount: _____ Date: _____

Comments: _____