



# Check Request Form

**Requested By:** \_\_\_\_\_  
*(Please print)*

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

**Description of Expenditure:** (explain purpose for request in detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach ALL receipts, invoices, order forms, etc.**

**Amount Requested:** \_\_\_\_\_

**Paid To:** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (919) or ( ) \_\_\_\_\_

**Budget Category:**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Membership/NCPTA | <input type="checkbox"/> Staff Appreciation | <input type="checkbox"/> Office/Admin |
| <input type="checkbox"/> Student Programs | <input type="checkbox"/> Ways & Means       | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Faculty Support  | <input type="checkbox"/> Student Activities |                                       |

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(1<sup>st</sup> VP, other VP, non-audit comm.. chairs)*

Date Paid \_\_\_\_\_

Sales Tax Due from State \$ \_\_\_\_\_\*

\* Non-reimbursable expenses only.