

Broughton High School PTSA

Check Requisition Form

Date: _____

Check payable to: _____

Mail to: _____

Address (Street, City, State, Zip): _____

Phone/Email: _____

Amount: \$ _____

INCLUDE ALL RECEIPTS

Purpose of Expenditure: _____

Please CIRCLE the Appropriate Budget Category:

Accounting Fees	Guidance Center Support	Principal's Discretionary
Administration	Hospitality	Reflections
Awards	IB Support	Scholarships
Broughton Community Advocates	Insurance	Special Projects
Building & Grounds	Membership	Staff Appreciation
Clothing/Spiritwear	Newsletter	Student Directory
Cultural Arts	Open House	Teacher of the Year
Faculty Grants	Other: _____	

Signature of Requester: _____

Scan/email to: Bo Bromhal PTSATreasurerBHS@gmail.com or Place in PTSA Treasurer Box in BHS Mailroom. Checks are processed weekly.

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For PTSA Treasurer Use Only:

Prepared for Payment on _____

Approved for Payment on: _____

Budget Category: _____

Amount: \$ _____

\$ _____

Sales Tax (only if paid directly to Vendor)

\$ _____

Check No: _____

TOTAL: \$ _____

Date Paid: _____

Posted: Budget: _____

Quickbooks: _____