

Boght Hills School



Check Request/Reimbursement Form

Date _____ Requested by _____

Please write check payable to _____

In the amount of _____ for _____

Program/Committee _____

Contact name _____

Contact number _____ Date Needed _____

Treasurer's Use Only: Check # _____ Date paid: _____

PTA Program _____

- **Please submit check requests at least 3 days prior to the date needed.**
- **Please attach all related invoices, bills or receipts to this form**
- **We are a tax exempt organization. Please request the tax exempt certificate prior to making purchases. Sales tax will not be reimbursed.**