



# Chantilly High School PTSA

4201 Stringfellow Road  
Chantilly, VA 20151  
(703)222-8100

## CHECK REQUEST FORM: **ANGP**

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Make payable to: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

Itemized Receipts (For more than 4 receipts, itemize on back or separate sheet)

Store/Vender	Budget Category	Amount

Please deliver check by:

\_\_\_\_\_ School Mail Box Slot      \_\_\_\_\_ Will pick up when ready

\_\_\_\_\_ Mail to Address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Committee Chair: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Please attach bills, invoices, receipts or a signed contract to this request. A separate request is required for each payee (check), but multiple items and budget categories may be included in one request. E-mail [treasurer@chantillyhsptsa.org](mailto:treasurer@chantillyhsptsa.org) for questions.

*Treasurer's Use:*

Received Date: \_\_\_\_\_ Treasurer Signature: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_