

Gaithersburg High School PTSA, Inc.

Request for Payment

Date: _____

Check Payable to: _____

Amount Requested: \$ _____

Are Receipts Attached? Yes or No (If No, please provide explanation.)

Line Item from the Approved Budget: _____

Attach the original receipt (or copy) to this form. Receipts will not be returned.

Itemized Expenses:

Requested by: _____
Signature Date Phone No.

For questions please contact Suzanne Walsh, PTSA Treasurer, at
suzannewalsh65@hotmail.com or 301-466-9207.

Date Paid: _____ Check # _____