

Thomas Jefferson High School
for Science and Technology

ANGP

everychild. onevoice

FY 2007-08

Check Request Form

Today's Date: _____ Date Needed: _____

Nominal check processing time is 1 - 2 weeks

Make Check Payable To: _____

Amount of Check: _____

Reason for Distribution: _____

Supporting Documentation: _____

Attach Invoice or Receipt to this form.

Mail Check To: _____

Telephone(s): _____

ANGP Committee Chairperson: _____

Signature _____ Date _____

Please keep a copy of the Check Request Form (CRF) and receipts for your files. Staple together the CRF and all invoices or receipts (either originals or photocopies) and place in the Treasurer's folder in the school's PTSA President's mailbox or mail to:

Subhash Goel
ANGP Treasurer
11802 Forest Heights Court
Herndon, Virginia 20170

Questions? Call Subhash Goel (703) 906-3766 or email at Subhash@tsecorp.com

For Treasurer's Use:

Check #: _____ Amount: _____

Voucher #: _____ Account: _____

Date paid by treasurer: _____ Date mailed/delivered: _____