

Davie High PTSO Reimbursement Request

Instructions

Completed form should be mailed to:

Nancy Miller
1078 NC Highway 801 South
Advance, NC 27006

Name	_____
Address	_____ _____
Telephone	_____
Amount	_____ (Please attach all applicable receipts)
Description	_____ _____ _____
Signature	_____ Date _____
To Be Completed By PTSO (Approval of Payment)	
Treasurer	_____
President or VP	_____
Payment Information	
Payee	_____
Date, Check Number, Amount	_____
Date Cleared	_____
Budget Line Item	_____