

**B-CC High School PTSA**  
**Check Request Form for Expense Reimbursement**

**Date:**

**Person Requesting Check:**

**Phone:**

**Purpose / Event or Committee:**

**Description of Items:**

**Check payable to:**

**Amount:**

**Instructions for disbursement (e.g., where check should be sent):**

**Please complete information in box above, attach all receipts related to this expense, and return to**

Rita Ballesteros  
 2333 Blaine Drive  
 Chevy Chase, MD 20815  
 or email to rita\_ballesteros@msn.com

**Check no**  
**Date Issued**  
**Approved**  
 President

Treasurer

**Receipts**  
**Expense Category**

<b>YES/NO</b>