



DM 8/13/19
DM 7/12/15
DM 7/12/15
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DM 356/13
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DM 7/12/15
DM 7/13/19

Challenger School PTSA
Parent Teacher Student Association
6905 W. Maryland Avenue
Glendale, AZ 85303

Check Request Form

Vendor Name: Donors Choose.org Date of Request: 8,13,19

Address: _____

Phone Number: _____ Amount: \$ Budget 3,920.13

Description of Expense _____

Budget Account RES ROTARY GRANT Keyboards

Signature of Requester: Sarah Ritterhouse

Attach Receipts* Receipts
Card

Total
all
DM's