

PTA DISBURSEMENT / REIMBURSEMENT FORM

Date: _____

Pay to the order of: _____
(Name of payee or vendor)

Total Amount: \$ _____

Amount _____ dollars _____ cents
(write out dollar amount) (write out cents)

Charge to account _____ Acct. # / Letter _____
(Line item description from budget) (number / letter from budget)

Requestor's Signature: _____
(Signature of person submitting request)

Approved by: _____ Officer Title: _____

Please staple ORIGINAL RECEIPTS to this form prior to submitting to the treasurer.

Reason for Purchase:

List Itemized Expenses:

(attach added sheet, if needed)

PLEASE DO NOT WRITE BELOW THIS LINE.

*

Total Amount: \$ _____	Paid by Check # _____	Date Disbursed: _____
Plan of work: Yes _____ No _____	Approved Expense: Yes _____ No _____	Advance: Yes _____ No: Advance Form Attached? Yes _____ No
Membership Dues: \$ _____	# of Memberships _____	Date Sent to MDPTA: _____

Treasurer: _____ Date: _____
(Signature)

Received by: _____ Date: _____
(Signature)