

West Friendship Elementary School PTA Disbursement Request

Date: _____

To the Treasurer:

Check payable to: _____

Amount: \$ _____

Account to be charged: _____

Purpose: _____

Itemized expenses: _____

Total # of receipts attached: _____

Total requested: \$ _____

Requested by: _____

Your signature

Chairperson signature: _____

(or attach copy of email sent to chair indicating that chair is aware of expense)

Treasurer's Notes:

Paid by check number: _____

Date of check: _____

Funds disbursed by: _____

Treasurer's Signature

Auditor's Notes:

Check return options

Please choose one:

Backpack mail

Teacher: _____

Mail home
Pls provide addressed envelope with form

Leave in PTA room

Bring to PTA meeting

Other (pls specify):

Attn Staff: Your check will be placed in your mailbox