

# 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.**

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**Reason for Purchase:**


**List Itemized Expenses:**


(attach added sheet, if needed)

**PLEASE DO NOT WRITE BELOW THIS LINE.**

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

Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)