

**McCrary School District**  
**Disbursement Request / Reimbursement Request**

Date: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

Address: \_\_\_\_\_

Item or Purpose: \_\_\_\_\_

Fund from which to be paid: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Principal Signature