



## Crofton High School PTSO Disbursement Request Form

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

Requestor: \_\_\_\_\_

### A. Request Details

Pay To:	Total Amount Requested \$
Requestor Email Address:	Requestor Phone Number:
Amount Requested (spelled out):	
Purpose/ Committee/ Program:	
Charge Account:	Account No.

### B. Itemized Expenses – Please staple original receipts to this form prior to forwarding to the Treasurer.

Description:	Cost:
Total Amount Requested	

### C. Approvers:

Print Name:	Print Name:
Signature:	Signature:
Title:	Title:

\_\_\_\_\_ Date of Disbursement

\_\_\_\_\_ Check Number

\_\_\_\_\_ Amount of Disbursement

\_\_\_\_\_ Bank Activity Report \_\_\_\_\_ Treasurer's Report