

# 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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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 FSPTA: _____

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

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