

**Carrolltowne Elementary PTA
Request for Disbursement**

Invoice Payment Other Payment Reimbursement Withdrawal

Date of this request _____ Person requesting disbursement _____

Disbursement to be made payable to _____

Mailing Address _____

If not mailed check should be delivered to _____ at _____

Committee for which expense was incurred _____

Signature of Committee Chair for approval _____

(signature required!) (if person requesting reimbursement is the Chair, then an Officer needs to approve/sign)

Original authorization of the expenditure obtained Yes No

Required invoice/receipts attached? Yes No (Invoice and/or receipts are required!)

Itemized list of expenditures:

	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total amount of the requested Disbursement: \$ _____

Budget Category _____

and/or Name of Event _____

Treasurer section:

Verified Approvals and Attached documentation _____ (initial)

Amount of disbursement \$ _____

Check # issued _____ Date issued _____

Issued to _____

Check signors _____

Posted to budget category name _____