

DISBURSEMENT REQUEST

WT PAGE PTA12/

12/11

TO THE TREASURER: _____

PAY TO THE ORDER OF _____

AMOUNT: _____ DOLLARS AND _____ \$ _____

CHARGE TO ACCT. _____ ACCT. NO. _____

APPROVED BY: _____
Signature

NAME: _____ TITLE: _____

PURPOSE: _____

ITEMIZED EXPENSES:	quantity/description	cost
	TOTAL	

Please staple original receipts to this form prior to providing to the treasurer

Pd by Check No. _____ Date: _____ Treasurer: _____
Signature