

Winterpock Elementary PTA
FUNDS DISBURSEMENT FORM

Date: _____

Person Requesting Disbursement: _____

Check made payable to: _____

Account to charged: _____

In accordance with approved budget? Yes No

If not, date approved by General Members _____

Amount requested: _____

Signature of person requesting disbursement: _____

_____ Initial here and provide address if check to be mailed:

_____ Initial here if check is to be returned to requestor

*****YOU MUST ATTACH ORIGINAL INVOICE/RECEIPT. NO REIMBURSEMENT WILL BE ISSUED WITHOUT THE ORIGINAL INVOICE/RECEIPTS. ALL FAVOR FEE DISBURSEMENTS MUST BE APPROVED BY GRADE LEAD ROOM PARENT PRIOR TO DISBURSEMENT REQUEST BEING SENT TO TREASURER. YOU MUST SUBMIT INVOICE/RECEIPTS WITHIN 30 DAYS OF PURCHASE IN ORDER TO BE REIMBURSED, UNLESS APPROVED BY THE BOARD. *****

Treasurer Use Only Below This Line:

Check # _____ Date issued: _____

Check was _____ mailed _____ hand delivered.

Treasurer's Signature: _____

Comments: _____