

TRAVILAH ELEMENTARY SCHOOL PTA
DISBURSEMENT REQUEST

Date _____

Requested by _____

Date Needed _____

To the Treasurer:

Pay to the order of _____

In the amount of _____

Budget line to be charged _____

Payment delivery instructions or address _____

Items (list individual receipts):

Amount:

\$ _____

Total

\$ _____

Approved by _____

Treasurer's Use:

Date of Check _____

Check Number _____

PLEASE NOTE: All reimbursement requests must accompany original receipts and all check requests must accompany an invoice or statement.