

Magruder High School PTSA

Disbursement Request

Pay to the order of: _____ Date: _____

Amount to be Disbursed: \$ _____

Committee/Expense Name: _____

Receipts are required for payment (please attach them to this form)

Description of Expense: _____

Check Requested by: _____ Phone: _____

____ Return Check to Requestor; ____ Forward to Payee; ____ Other _____

This request must be signed by the chairperson for the committee or an officer of the PTA:

Approved By: _____ Title: _____

Completed Disbursement Requests should be placed in the PTSA Treasurer's folder in the PTSA mailbox.

Incomplete forms will be returned to the requestor for completion prior to payment.

Issuing Officer: _____

Check Number: _____ Date: _____