

# CLEMENS CROSSING ELEMENTARY SCHOOL PTA \$ DISBURSEMENT REQUEST \$

\*\*\*\*Funds CANNOT be disbursed without this form AND a receipt! Thanks!\*\*\*\*

DATE: \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_

(\*note: for reimbursements, if you'd like the check to be mailed instead of left in folder/mailbox, please send separate email to: treasurer@clemenscrossingpta.org)

AMOUNT: \_\_\_\_\_

CHARGE TO ACCOUNT: \_\_\_\_\_

(please print)

ITEMIZED EXPENSES: (use the box below to describe your expenses; please don't forget the receipt)

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REQUESTED BY: \_\_\_\_\_

(please print name AND title)

SIGNATURE: \_\_\_\_\_

## FOR TREASURER USE ONLY:

Paid by Check Number:	
Check Date:	
Charged to Account (Name and number):	
Name:	
Title:	<i>treasurer</i>
Additional notes:	