## 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 surer@clemenscrossingpta.org)
AMOUNT:	
CHARGE TO ACCOUNT:	
(please print)	
ITEMIZED EXPENSES: (use	e the box below to describe your expenses; please don't forget the receipt)
REQUESTED BY:	
(please print name AND title	·)
SIGNATURE:	
<u></u>	
	FOR TREASURER USE ONLY:
Paid by Check Number:	
Check Date:	
Charged to Account (Name and number):	
Name:	
Title:	Treasurer
Additional notes:	