



SJLES PTA DISBURSEMENT REQUEST FORM

Date: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

Amount: \_\_\_\_\_ dollars and \_\_\_\_\_ cents \$ \_\_\_\_\_

Charge to committee: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Itemized expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total number of receipts attached: \_\_\_\_\_

Check Distribution: Please check one:

\_\_\_\_\_ Bring to next PTA meeting \_\_\_\_\_ Forward to SJLES mailbox

\_\_\_\_\_ Send home with child: Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_ Mail to payee: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_

Please staple original receipts to this form prior to forwarding to the treasurer.

Paid by Check #: _____	Treasurer: _____	Date: _____
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