

**Atholton High School PTSA
DISBURSEMENT REQUEST**

Date _____

To the Treasurer:

Pay to the Order of: _____

Amount: (Please attach receipts) \$ _____

Charge to the Account of: _____

Purpose: _____

Date check needed: _____

€ Deliver check at meeting

€ Mail check to: _____

Itemized Expenses: _____
(if not identified on attached receipt)

Total: _____

Requested by: _____
(your signature)

Phone Number: _____

PTSA Use Only:

Paid by Check Number: _____ **Date:** _____

Issuing Officer's Signature: _____

Title: _____