



Disbursement Request
William B. Gibbs Elementary School PTA

Date _____

To the Treasurer:

Pay to the order of _____

Amount _____ dollars and _____ cents

Purpose _____

Itemize expenses below (use the back of this sheet or another piece of paper if necessary):

Four horizontal lines for itemizing expenses.

Total: _____

Requested by: _____ Title: _____

Please check one: Leave the check in my mailbox Grade _____

Mail the check to the address below Send check home with my child
Child's Name _____
Child's Teacher _____
Child's Grade _____

Please attach a copy of all receipts to this form prior to turning it in to the Treasurer.

Payments will not be made without receipts

Payments are done the 15th of the month.

For PTA use only

Approved by: _____ Approved by: _____

Payment date: _____ Paid by check no. _____

Budget Line Item taken from: _____