



**Pointers Run Elementary School PTA
Disbursement Request
2023/2024 School Year**

Amount Requested: \$ _____ **Date Requested:** ____/____/____
(Please attach invoice to be paid or original receipts to be reimbursed)

Pay to the Order of: _____

Address (to mail if needed):

Charge to the Account of:
PTA Committee: _____
OR
Position/Grade/FT/PT: _____
(for teacher/staff reimbursement only)

Purpose: _____

Itemized Expenses:

Description	Amount

TOTAL \$

Requested by: (*print name*) _____ **Phone Number:** _____

Signature: _____ **E-mail:** _____

PTA Use Only:

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

Issuing Officer's Signature: _____ **Title:** _____