DISBURSEMENT REQUEST FORM
(Please complete one form for each payee)

Requested by (print): ____________________________________________

Please check your relationship to PTO:
__ Chairperson __ Teacher __ Board Member
__ Other (please state) ____________________________________________

**Chairperson approval must be obtained for any submissions in that budgeted area before disbursement will be granted.

Make check payable to (payee): ______________________________________

Check Amount: ____________________________________________

Special Instructions / Delivery method (child’s classroom, payment address etc):
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

<table>
<thead>
<tr>
<th>Budget Area</th>
<th>Date of expense</th>
<th>Description of Expenditure</th>
<th>$$ Amount</th>
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</table>

Total Expenditure:

Instructions:
1. Complete one form for each payee
2. Attach copies of receipts for each expenditure ***You must have a receipt**
3. Forward to PTO Treasurer for payment

PTO Use only
Check #   Date: