

Atholton High School PTSA DISBURSEMENT REQUEST



Please Print Legibly

Date: _____

Pay to the Order Of: _____

Amount (attach copies of receipts): \$ _____

Purpose: _____

Date Check is Needed: _____

Deliver Check at Meeting

Mail Check To: _____

Itemized Expenses

Cost

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

Requested By (please print): _____

Signature: _____

Phone Number: _____

Email Address: _____

PTSA Use Only

Check Number: _____ **Date:** _____ **Officer's Signature:** _____