

Atholton High School PTSA

TEACHER DISBURSEMENT REQUEST



Please Print Legibly

Date: _____

Pay to the Order Of: _____

Amount (attach copies of receipts): \$ _____ *(up to \$100 by 9/30 or \$75 by 10/31 or \$50 by 12/23)*

Purpose: _____

Mail Check To: _____

Itemized Expenses

Cost

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

Signature: _____

Email Address: _____

PTSA Use Only

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