



## Renner *PTA* Disbursement Request Form

<b>Treasurer's Notes:</b>
Check Number: _____
Check Amount: _____
Date Paid: _____

Pay to: \_\_\_\_\_ Request Date: \_\_\_\_\_

	<u>Amount</u>
1. Budget Category _____	_____
2. Budget Category _____	_____
3. Budget Category _____	_____
4. Budget Category _____	_____
5. Budget Category _____	_____
Total Amount Requested: _____	_____

### ***Description/Purpose of Expense (Required):***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***Comments (if any):*** \_\_\_\_\_  
 \_\_\_\_\_

***Requested by:*** Name & Title (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

***Approved by:*** Signature of Committee Chair: \_\_\_\_\_  
 (or Executive Officer)

### **Important - Please Note:**

- Original receipt(s), along with 1 copy each, must be attached for amount requested.
- Receipt(s) should be submitted for reimbursement within 30 days.
- **Sales tax will NOT be reimbursed.**
- The appropriate Committee Chairperson or an Executive Officer must indicate their approval for disbursement by signing this form.
- Incomplete or illegible requests will **NOT** be processed. Please use ink.