

Disbursement Request
Jacksonville Elementary School PTA

Date: _____

To the treasurer:

Pay to the order of: _____

Amount: _____

Charged to account: _____

Submitted by: _____

Signature

Title/Committee

Itemized Expenses:

Vendor	Date	Amount	Description of expense

Purpose:

Reimbursement to be mailed to (check one)

Mailbox at Jacksonville: _____

Per Invoice: _____

Sent by mail to: _____

For Treasurer Use:

Budget Account Name: _____

Paid by Check # _____

Treasurer Signature: _____

Date: _____