Belmont PTA
Disbursement Request

Date: _____

Pay to the order of: _____

Amount: $_____

◯ Please Mail to this address: _____

OR _____

◯ Return check to: _____

Teacher name for backpack mail: _____

Requested by: _____

Event/Budget line:_____

Detailed description of expenses:

_____

_____

_____

_____

****Original invoice/receipt must be attached to this form****

This form should be used to have a vendor paid directly.

For Board Use

Approved by: _____ _____

Title: Treasurer President Vice-president

Budget:_____

Date issued: _____

Check #: _____ Cleared:_____