

DISBURSEMENT REQUEST

ELKRIDGE ELEMENTARY PTA

Disbursement Request Form

Date: _____

To the Treasurer:

Pay to the order of : _____

Amount: \$ _____

Account(s) to be charged: _____

Purpose: _____

Itemized expenses: _____

Total number of receipts attached: _____

Total requested: \$ _____

Requested by: _____

(Your signature)

Paid by check number: _____

Date: _____

Funds disbursed by: _____

(PTA Treasurer's Signature)