



Renner PTA Disbursement Request Form

Pay to: _____

Date: _____

- | | | | |
|--------------------|-------|---------|-------|
| 1. Budget Category | _____ | Amount: | _____ |
| 2. Budget Category | _____ | Amount: | _____ |
| 3. Budget Category | _____ | Amount: | _____ |
| 4. Budget Category | _____ | Amount: | _____ |
| 5. Budget Category | _____ | Amount: | _____ |

Total Amount: _____

Description/Purpose of Expenses (Must be included):

1. _____
2. _____
3. _____
4. _____
5. _____

Requested by (Name & Title): _____

Signature of Committee Chairperson: _____
(or Other Board member)

Treasurer's Notes:	
Check Number:	_____
Check Amount:	_____
Date Paid:	_____

Receipts must be attached for amount requested. Sales Tax will NOT be reimbursed. The Committee Chair or Executive Board Member must sign this form.

Please remember to submit your original receipt(s), along with 1 copy of each. Originals will not be returned. Incomplete requests will not be processed. Thanks.