

**JONES LANE ES PTA
DISBURSEMENT REQUEST FORM**

DATE: _____

PAYEE: _____

PAYEE TELEPHONE #: _____

EVENT/COMMITTEE: _____

COMMITTEE CHAIR: _____

CHAIR CONTACT INFO: _____

ITEMIZATION	
DESCRIPTION	Amount
TOTAL	

**If Check is made payable to you, it will be placed in your PTA folder
If Check is for a vendor, please provide mailing address below**

Payee	_____
Address	_____
City/State/Zip	_____

I have attached all documentation and reviewed for accuracy

Signature: _____

**Place in PTA Treasurer folder, please allow 2 weeks for processing
For Vendor payments, please provide 2 invoice copies**

PTA USE
Date:
Check #:
Payee:
Amount:

PTA President Approval

PTA Treasurer Approval