

Harford Hills



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DISBURSEMENT / CHECK REQUEST FORM

Date of Request: _____ Contact Phone #: _____

Pay to the Order of: _____ Amount \$ _____

Budget Line Name	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Amount of Request		\$

- Receipts must accompany all requests. Failure to provide proper documentation may delay reimbursement.
- The treasurer must receive all request forms by the Monday before the monthly PTA meeting. Requests will be approved/denied at the monthly meetings.
- Reimbursements will be made only to the amount of a listed for that account on the approved current budget.
- Requests should be made within 30 days of the closing of the event for which a request is being made.

Signature _____ Date _____

-----For Treasurer's Use Only-----

Approved by Executive Board on _____ (date of meeting)

Paid by Check # _____ Date _____ Amount \$ _____