

FOLLY QUARTER MIDDLE SCHOOL PTA
DISBURSEMENT REQUEST FORM

To the treasurer (please place in PTA box in mail room):

Date:

Pay to the order of:

Amount:

Accounts to be charged:

Purpose:

Total number of receipts attached:

Requested by (your signature):

Instructions for check:

_____ Leave in PTA mail slot at school

_____ Mail to the following address:

Paid by check number:

Date:

Funds approved by (PTA President or VP)

Funds disbursed by (PTA Treasurer)