

CENTERVILLE ELEMENTARY PTA DISBURSEMENT FORM

Date Submitted: _____

Submitted by: _____ Phone Number _____

Company/Person to be paid: _____

Check should be: _____ Mailed _____ Put in PTA Box

(If mailed, please provide name and address) _____

Unless previous arrangements were made, checks will be sent on the 2nd and 4th Friday of each month. Please plan accordingly. Thank you for your cooperation.

Description of Disbursement: _____

Total Amount to be Disbursed: \$ _____ (Attach receipts/invoices for all charges)

In order to be reimbursed, the person responsible for the PTA budget must authorize payment of this charge. **In most cases**, this is the committee chair.

Authorized Signer (Print Name) _____ Date _____

Phone Number _____ Signature _____

Please circle the appropriate account to be charged:

- | | |
|-----------------------|---------------------------|
| Enrichment Assemblies | Guidance Programs |
| Family Movie Nights | Communications |
| Spirit Wear | Membership/Directory |
| Staff Appreciation | Star Spangled Celebration |
| Race for Education | Special Events |
| Special Projects | Multicultural Night |
| Carryover | School Kits |
| Box Tops | Fifth Grade Promotion |
| Accounting Services | Silent Auction |
| PTA Supplies | PTA Leadership |

Other: _____

Teacher Grants (Teacher) _____

Treasurer Use Only:

Date Received _____

Date Paid _____

Amount Paid _____

Check Number _____

Recorded? _____

Please submit in the PTA Treasurer box. Every attempt will be made to process disbursements at least twice a month. If you have any questions, please contact **Alanna Aloï** at cesptatreasure2017@gmail.com