

**DISBURSEMENT REQUEST**  
**ARNOLD ELEMENTARY PTA**

DATE: \_\_\_\_\_

Pay to the order to \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Charge to Budget Line Item: \_\_\_\_\_

Purpose of Expense:

Mail Check to:

Approved by: \_\_\_\_\_  
Officer or Committee Chair

Please staple original receipts to this form prior to forwarding to the treasurer.

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Paid by Check No. \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Treasurer

Posted: \_\_\_\_\_