

The Montgomery County Council of Parent-Teacher Associations

P.O. Box 10754, 500 N Washington St., Rockville, MD 20849 301-208-0111 • office@mccpta.org • www.mccpta.org

DISBURSEMENT REQUEST

Date:	12/18/2018	_ A	Amount of Request: \$
Pay to the ord	ler of:	-	
Budget Categ	ory/Line:		
Purpose (prog	gram, project, etc.):	
Receip	ts <u>REQUIRED</u> _I	orior to disburg	sement – please attach to this form.
Itemize Exper	nses:		
Check requested by:			Date needed:
Disposition o	f check:	Return to reque	estorForward to Payee
Mailing Addr	ress:		
All requests n	nust be approved	by the appropr	riate MCCPTA Officer.
Approved by:	(Committee Cha		Date:
		ir signature-rec	
Approved by:	(Officer signature – required)		Date:
	•••••		
Date:	Che	PAII eck #:	