

# CENTENNIAL PTA DISBURSEMENT REQUEST FORM

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Pay to \_\_\_\_\_ Date \_\_\_\_\_

Budget Category \_\_\_\_\_ Amount \* \_\_\_\_\_

Budget Category \_\_\_\_\_ Amount \* \_\_\_\_\_

Budget Category \_\_\_\_\_ Amount \* \_\_\_\_\_

Budget Category \_\_\_\_\_ Amount \* \_\_\_\_\_

Total Amount \_\_\_\_\_

\* Original Invoice/Receipt Must Be Attached.

\* Do Not Include Sales Tax.

(No Sales Tax)

Remarks:

Approved \_\_\_\_\_

(Authorized Board Member Signature)

## **Treasurer's Notes:**

Check Number \_\_\_\_\_

Check Amount \_\_\_\_\_

Date Paid \_\_\_\_\_