

# Hayfield Secondary PTSA Request for Disbursement of Funds

**Date:** \_\_\_\_\_

**Request:**

Person requesting disbursement: \_\_\_\_\_

Check to be made payable to: \_\_\_\_\_

Budget Account(s) to be charged: \_\_\_\_\_

Disbursement for (description of item/service): \_\_\_\_\_

\_\_\_\_\_

Is disbursement in accordance with the PTSA budget: Yes \_\_\_ No \_\_\_

If not, date approved by General Membership: \_\_\_\_\_

Amount of request: \$ \_\_\_\_\_

Address check is to be mailed to: \_\_\_\_\_

\_\_\_\_\_

*Please attach invoices and or receipts to this form.*

Signature of Requester: \_\_\_\_\_

**Approval of PTSA Chairperson or Officer**

Signature of Chairperson: \_\_\_\_\_

**Check Issue:**

Check Number: \_\_\_\_\_ Date check issued: \_\_\_\_\_

Check amount: \$ \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_

Date check was disbursed: \_\_\_\_\_