

**CLIFTON ELEMENTARY SCHOOL PTA
REQUEST FOR DISBURSEMENT OF FUNDS**



TO: CLIFTON ELEMENTARY PTA TREASURER

DATE: _____

NAME OF PERSON REQUESTING FUNDS: _____

PHONE NUMBER: _____

FUNDS TO BE USED FOR: _____

AMOUNT REQUESTED: \$ _____

CHECK TO BE MADE PAYABLE TO: _____

ADDRESS: _____

CITY/STATE/ZIP _____

BUDGET ACCOUNT/EVENT TO BE CHARGED: _____

AUTHORIZED APPROVING SIGNATURE: _____

*** Staff must include approval from office/administration

SIGNATURE OF REQUESTOR: _____

***** PLEASE ATTACH ANY INVOICES OR RECEIPTS SUPPORTING THE
EXPENDITURES TO THIS FORM. *****

FOR PTA TREASURER USED ONLY

Approval signature for disbursement: _____

Total budgeted for this account/event: _____

Less amount already spent: _____

Less this disbursement: _____

Remaining funds available: _____

Date this request was approved by the Board, if not in the budget: _____

Check number: _____ Date issued: _____

Account charged: _____