**Athens High School PTO**

**Disbursement / Reimbursement Request Form**

Person Requesting Funds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address to mail check to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amt. Requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe item(s) purchased/services rendered. Attach original itemized bill or invoice to the back of this form.

|  |  |
| --- | --- |
| **Description** | **Cost** |
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|  |  |
|  |  |
| **Total** |  |

*\*Note: If item purchased is equipment or non-consumable material (books, art prints, computer software, etc.) the description should contain the location of the item so proper inventory of PTO equipment /materials can be maintained.*

**FOR TREASURER’S USE ONLY**

Date of disbursement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount of disbursement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Person check given to if not payee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_