

PTA Disbursement Voucher

Requested By: _____ Program: _____

Telephone #: _____ Date Needed: _____

Issue Check To: _____

Vendor's Address: _____

Vendor's Telephone Number: _____

*****Volunteers: Attach an Invoice and give this form to the Program/Event Chair**

Items or Services Purchased For PTA	Amount (\$) excl. sales tax

Approvals:

Program Chair _____

Treasurer _____

President _____

****Program/Event Chair: Please include a Plan of Work before submitting this form to the PTA Treasurer**

PTA Payment Information:

Plan of Work Attached	Check Number	Date Issued	Amount (\$)

Account(s) Debited: _____
