

Hammond Elementary School PTA Disbursement Request

Date _____
PTA Account _____
PTA Committee (if applicable) _____
Purpose (attach receipt, letter,
invoice, etc.) _____

Date Due

Amount Requested

Internal Use Only:	
Check Date	_____
Check No.	_____
Amount	_____

Payable To:
Name _____
Address _____

Phone _____
E-Mail _____

Signature _____

Note: Requests for deposits should include a copy of the contract, if applicable, along with the balance due and the date due.