

Hammond Elementary School Parent Teacher Association Disbursement Request Form

Instructions

- Complete all form fields, including a brief description of what PTA-related activity or fund the payment request is for
- All disbursement requests must include a receipt or vendor invoice. If requesting payment of a deposit, also attach a copy of the contract listing the deposit amount, full balance amount, and final due date
- Submit the form and attachment(s) to treasurer@hespta.org

Payment Details

Due Date (if applicable): _____

Request Type:

- Vendor Deposit
- Vendor Invoice
- Out-of-Pocket Reimbursement
- Other _____

Request Amount:

Total Receipt/Invoice Amount: \$ _____
Minus Personal Expenses: (\$ _____)
Amount Requested: \$ _____

Expense Purpose/Description:

Make Check Payable To:

Name: _____

Phone: _____ Email: _____

Deliver to School Mailbox OR Mail to Address Below:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Requestor (if different than payee):

Name: _____

Phone: _____ Email: _____

PTA Committee (if applicable): _____

Internal PTA Use Only

Date Received _____ Amount Paid _____ Budget Line _____

Date Paid _____ Check No. _____