



WASS ELEMENTARY SCHOOL PTO DISBURSEMENT REQUEST FORM

Name of person requesting funds: _____

Committee / Project (if applicable): _____

Date check is needed: _____ Phone Number: _____

Email Address: _____

Describe item(s) purchased or services rendered. Attach itemized bill or invoice.

DESCRIPTION

COST

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

DATE: _____ TOTAL AMOUNT REQUESTED: \$ _____

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FOR TREASURER'S USE ONLY:

Date of Disbursement _____

Check Number _____

Amt. of Disbursement _____