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
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 _____