MCCPTA

Since 1944

Montgomery County Council of Parent-Teacher Associations

DISBURSEMENT REQUEST

Date: ______________________ Amount of Check: $__________________

Pay to the Order of: ____

Budget Line to be Debited: ____

Purpose (program, project, etc.): ___________________________________

Receipts REQUIRED prior to disbursement - please attach to this form.

Itemize Expenses: ____

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Check requested by: _______________________________ Date needed: ___________

Disposition of check: ____ Return to requestor ____ Forward to Payee
____ Other (explain): ______________________________

Mailing Address: ____

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All disbursement requests must be approved by the appropriate MCCPTA Officer.

Approved by: ____ Date: ____________
(Signature)

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PAID

Date: ____________ Check # ____________ Check Amount $______________

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