

**Shepton High School PTSA
Check Request/Disbursement Form**

Pay To	Date
Address	Phone
Budget Category	Amount \$
	Total \$

Place of Purchase	Description/Purpose of Expense	Amount

PLEASE ATTACH ORIGINAL RECEIPT(S) TO THIS FORM, ALONG WITH COPY OF RECEIPT

Requested By (Name & Title):

Committee Chairperson's Signature:
(or Other Board member)

Treasurer's Notes	Comments/Special Instructions
Apprd for Pymt	
Date of Check	
Check Number	
Check Amount	

Treasurer's Signature

Please note: This form must have an attached receipt or invoice for the amount(s) requested.
Sales tax will NOT be reimbursed. No disbursements will be made without a receipt.