

Shepton High School PTSA
Check Request/Disbursement Form

Pay To	Date
Address	Phone
Budget Category	Amount \$
Budget Category	Amount \$
Budget Category	Amount \$
Budget Category	Amount \$
Budget Category	Amount \$
	<u>Total \$</u>

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)

<div>Treasurer's Notes</div> <div><div>Apprd for Pymt</div><div>Date of Check</div><div>Check Number</div><div>Check Amount</div></div>

<div>Comments/Special Instructions</div>
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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.