

HUFFMAN PTA DISBURSEMENT REQUEST

*****Receipt Or Invoice MUST Be Attached*****

PAY TO: _____ DATE: _____

PAYMENT REQUEST SUBMITTED BY: _____

DISBURSEMENT EXPLANATION: _____

*****Please Do NOT Include Sales Tax. It Can NOT Be Paid Or Reimbursed*****

BUDGET CATEGORY: _____ AMOUNT: \$ _____

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BUDGET CATEGORY: _____ AMOUNT: \$ _____

TOTAL AMOUNT OF CHECK REQUESTED: \$ _____

COMMITTEE CHAIRMAN APPROVAL: _____

DATE: _____

PRESIDENT OR 1ST VICE PRESIDENT APPROVAL: _____

DATE: _____

CHECK DATE: _____ CHECK AMT:\$ _____ CHECK # _____