

CENTRAL SCHOOL PTA

Reimbursement/Disbursement Request

Date of Request:

Form Submitted by: (name/email/phone)

Committee/Budget Category:

This check is for:

☐ **Reimbursement (receipts must be attached)**

☐ **Third Party Payment/Disbursement (attach bill or invoice)**

NAME OF PAYEE: (if different from above)

PAYEE ADDRESS and PHONE NUMBER:

CHECK AMOUNT:

PURPOSE of EXPENDITURE:

APPROVAL of VP or PRES:

Note: Signature of the VP overseeing your committee is required for line item requests over \$100. VPs will submit their own requests to the PTA Presidents.

Submit this form via the "Treasurer's Inbox" next to the PTA Box or mail to:

Central School PTA, Attn: Treasurer

1100 Palmer Avenue

Larchmont, NY 10538

Questions? Email: centralPTA.treasurer@gmail.com

Treasurer Use Only:

Date Paid: _____

Check Number: _____

Amount: _____

Other Comments: _____