

DISBURSEMENT FORM

- EXPENSE REIMBURSEMENT
- VENDOR INVOICE TO BE PAID
- JOURNAL ENTRY (TREASURER ONLY)



FRISCO HIGH SCHOOL PTSA

Check Requester: _____ **Date of Request:** _____
Payable to: _____ **Date Needed:** _____
Address: _____ **Phone:** _____
 _____ **Email:** _____

Event: _____

- Mail check to payee Return check to requester

Item Description / Purpose	Budget Line/Category <small>(ex: Hospitality, Membership, etc.)</small>	Place of Purchase	Amount
			\$
			\$
			\$
			\$
			\$
			\$
Total Request:			\$

Instructions: 1) Attach vendor invoices, receipts, contracts, and/or other documents supporting payments above. 2) Sales tax will NOT be reimbursed and should be excluded from the above amounts. 3) Ensure the budget holds adequate remaining funds before submitting this request. 4) Make a copy of this request and supporting documents for your records.

Requester's Signature: _____ **Date:** _____

Approved by PTA Officer: _____ **Date:** _____
(President, VP of Membership, VP of Programs, or Secretary only)

Approved by Treasurer: _____ **Date:** _____

- To Be Completed by Treasurer -

Date Received	EMAIL IN-PERSON	Date Paid	Check / Journal Entry No.	Date Posted
General Ledger Account			Amount	
				\$
				\$
				\$
				\$
Total Check Amount:				\$