



DISBURSEMENT APPROVAL FORM

School Year 2010-2011

Section 1: To be completed by person requesting a check

Name of Person Requesting Check: _____

Date: _____

Phone Number & Email: _____

Section 2: Check Instructions

Check Due Date: _____

Payable To: _____

Address: _____

Amount: _____ (attach original receipts/invoice)

Check Delivery: (Mail to payer, send home with child thru school, etc.)

Justification for Expenditure: (Please name the event or committee and how your money will be or was used)

Committee Chairperson Signature: _____

It is your responsibility to obtain the proper Committee Chairperson's approval **prior** to submitting request to Treasurer for payment/reimbursement. The Chairperson must assure that total disbursements have not exceeded budget. It is the responsibility of the Chairperson to bring before their executive officer any requests that would exceed budget to determine if funds are available.

Section 3: To be completed by the Treasurer

Date Paid _____ Check # _____ Acct. _____