Fullerton Elementary School PTA, Inc.
Disbursement Request Form

To the Treasurer:  
Date of Request: ________________

Pay to the order of: ________________________________________________

Amount Requested: ________________________________________________

Purpose/Committee Name: __________________________________________

E-mail Address of person requesting: ________________________________

Itemize expenses below: (use additional sheets if required)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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Total: $ __________________

Signature of person requesting reimbursement: ________________________

***NO CHECK WILL BE ISSUED WITHOUT AN ITEMIZED ORIGINAL RECEIPT***

For Treasurer's Use Only

Approved by President
Or Authorized Signer: ________________________________  Date: __________

Charged to:  Organization Expenses  Operating Expenses  PTA Objectives

Paid by check no. ________________________________

Date: ________________________________  Treasurer's Signature