



North Bend Elementary School PTA

1445 North Bend Road
Jarrettsville, MD 21084
NorthBendElemPTA@gmail.com
410-692-7815



Disbursement Request

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Date: _____

Requested by: _____ Phone Number: _____ PTA Member: _Y_N

To the Treasurer:

Pay to the order of _____

Amount: _____ dollars and _____ cents TOTAL \$ _____

Event/Program: _____

Purpose: _____

Itemize expenses below by receipt total(s):

How would you like to receive the check?

_____ Pick Up at School

_____ Mail Address: _____

FOR PTA USE:

Approved by: _____

Officer/Chairperson Signature

Title

TOTAL: \$ _____

Paid by check no. _____ Date: _____

Treasurer Signature: _____