

# Wheaton High School PTSA

## Disbursement Request Form

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Request Date: m/d/yyyy  
Amount Requested: \$ \_\_\_\_\_  
Date needed: ASAP  
Pay to the order of: \_\_\_\_\_  
Budget Category/Line \_\_\_\_\_  
Purpose (program, project, etc.): \_\_\_\_\_  
Itemize Expenses: \_\_\_\_\_

Mailing Address of Payee (check will be mailed to this address):  
\_\_\_\_\_

### Receipts **REQUIRED** prior to disbursement – please attach to this form.

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### ***All requests must be approved by the Treasurer and President***

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Committee Chair signature-recommended)*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(President – required)*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Treasurer – required)*

Check # \_\_\_\_\_      Check Date \_\_\_\_\_      Check Amount \$ \_\_\_\_\_