



**Magruder High School PTSA
Disbursement Request**

****ORIGINAL RECEIPTS REQUIRED****
****PLEASE ATTACH TO THIS FORM****

Pay to the order of: _____ Date: _____

Amount to be disbursed: \$ _____

Committee/Expense Name: _____

Description of Expense: _____

Check Requested by: _____ Phone: _____

Return check to requestor; Forward to Payee; Other _____

Address: _____

**This request must be signed by the chairperson for the committee
or an officer of the PTSA**

Approved by: _____

Title: _____

Completed disbursement requests should be placed in the PTSA Treasurer's
folder in the PTSA mailbox in Magruder's main office.

Issuing officer: _____

Check number: _____ **Date:** _____