



2025-2026 Request for Disbursement

☐ Invoice Payment ☐ Other Payment ☐ Reimbursement ☐ Withdrawal Date of this request _____

Person requesting disbursement _____ Disbursement to be made payable to _____

_____ Mailing Address _____

_____ If not mailed

check should be delivered to _____ at _____ Committee

for which expense was incurred _____

Signature of Committee Chair for approval _____

(signature required!) (if person requesting reimbursement is the Chair, then an Officer needs to approve/sign)

Original authorization of expenditure obtained: ☐ Yes ☐ No Required invoice/receipts attached? ☐ Yes ☐ No *(invoice and/or receipts are required!)*

Itemized list of expenditures:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total amount of the requested Disbursement:	\$

All non-consumable items remain property of Carrolltowne Elementary School (for items purchased for school use) or the Carrolltowne PTA (for items purchased for Committee/PTA Use). Please label all items CES or CES PTA.

Budget Category _____ and/or Name of Event _____

 _____ ~~Treasurer Section~~ _____ Verified Approvals and
 Attached documentation _____ (initial) Amount of disbursement \$ _____

Check # Issued _____ Date Issued _____ Issued to _____

Check signers _____

Posted to budget category name _____ Revised 8/20/21