

## LOUISE ARCHER PTA CHECK DISBURSEMENT FORM

Your Name:

Your Email:

Your Phone:

Total Disbursement Request (\$):

Name/Vendor as it should appear on check:

Date Requested:

Date Needed (if needed within two weeks you must contact the treasurer with that information):

Mail directly to vendor? Or return to chairperson/LAES staff?

Address:

PTA committee or program:

Signature Approval (name, email):\*

List/description of items to be paid:

\*All check disbursement requests must be approved by a PTA Chairperson or authorized LAES staff and be supported by receipts and/or invoices. Please fill out and return by email to [treasurer@louisearcherpta.org](mailto:treasurer@louisearcherpta.org) and the program chairperson or LAES staff (putting the authorized signature in the email serves as appropriate approval).

If you can, please scan receipts and attach to this form; if you cannot, please leave receipts in the PTA Treasurer's file.