Check # _____

Date: _____

PTA Account: _____

PTA Account #: _____

REQUEST FOR CMS PTSA FUND DISBURSEMENT

Complete and return to the PTA Treasurer

Amount Requested: **$**_____

Purpose / Activity: _____

Requested By: _____

Committee / Position: _____ **Approved By:** _____

Make Check Payable to:

Name: _____

Address: _____

_____

City _____ **Zip:** _____

Phone: _____ **eMail:** _____

Item Description	Where Purchased	Amount $
	Amount Due from PTA	

Please attach receipts to this form and return to PTA Treasurer.