

**SEM PTSA  
Disbursement Request  
Form**

Payable To \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Requested By \_\_\_\_\_ Date Requested \_\_\_\_\_  
 Budget Category \_\_\_\_\_ Budget remaining: \_\_\_\_\_  
 Is budget item ready for close out? \_\_\_\_\_ Amended Date: \_\_\_\_\_

Item	Place of Purchase	Amount

Note: Receipts must be attached and sales tax will not be reimbursed.

<b>For Treasurer's Use Only</b>			
Date of Invoice		Date Approved	
Date Received		Date Paid	
Plan of Work		Check Number	
Motion Passed		Check Amount	
Comments:			

Role	Printed Name	Signature	Date
Chairperson			
Treasurer			
President			