

Travis High School PTA Disbursement Form

Check Payable to:

(if being mailed)

Street Address:

City, State, ZIP Code:

Requested by: .

Telephone Number:

Committee Account to be Debited:

Committee Chairperson's Signature: _____

Explanation:

Date	Place of Purchase	Amount

Total \$

Note: Please attach the receipts listed above to the back of this form.

To be completed by Treasurer:

Treasurer: _____ Date Received: _____

Check Number: _____ Amount: _____

Date Paid: _____ Date Posted to GL: _____

Budget Account: _____ Amount: _____ GL No: _____