

# Lower Nazareth Township PTA Request for Disbursement 2019-2020

Activity: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Budget Category: \_\_\_\_\_

Total Amount Requesting: \_\_\_\_\_

Requested by: \_\_\_\_\_

Signature: \_\_\_\_\_

Committee Chair: \_\_\_\_\_

Signature: \_\_\_\_\_

Please select what the disbursement is for:

- \_\_\_\_\_ Payment of vendor invoices (attach invoices)
- \_\_\_\_\_ Reimbursement for receipts paid (attach receipts)
- \_\_\_\_\_ Advance (receipts must be supplied after the expenditure)

PLEASE ITEMIZE ALL AMOUNTS: If additional space is necessary, please use the back.

<u>DATE</u>	<u>VENDOR(S)</u>	<u>AMOUNT</u>
<b>TOTAL</b>		

Make Check Payable To: \_\_\_\_\_

If check is being returned to Requestor, please mark your preference:

- \_\_\_\_\_ Leave in LNES office safe
- \_\_\_\_\_ Send to Requestor (a self addressed & stamped envelope must be provided to mail it)

Address of Vendor to mail the check: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*You may notify the Treasurer when this paper is placed in the treasurer box – text 610-703-2445 or lnesptatreasurer@gmail.com*

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### For Treasurer's Use Only:

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Initialed: \_\_\_\_\_