**Centennial Lane Elementary School PTA**
**3825 Centennial Lane**
**Ellicott City, MD 21042**
**410-313-2800**

# DISBURSEMENT REQUEST FORM 2007-2008

To the Treasurer: Date: _____

**Pay to the Order of :** _____

**Total Amount: $**_____

**Charge to the account of (Budget line item):** _____

**Purpose**: _____

_____

| **Itemized Expenses** | **Amount** |
|---|---|
| | |
| | |
| | |
| | |
| **Total** | |

***Please attach original receipts.***
*If invoice needs to be returned with payment, please include a copy of the invoice.*

Requested by: _____
(***your signature***)

Address:_____

Phone #_____

Would you like your check mailed or placed in a CLES PTA mail slot? _____

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Paid by check #: _____ Date: _____

Issuing Officer:_____
***Signature***

_____
***Title***