



Ridgely Middle School PTA

Disbursement Request

2016-2017

Date of Request: _____

Amount of request: _____

Pay to the order of: _____

Charge to the Account/Committee: _____

Approved by: _____
Committee/Department Chair Signature Date

Must attach one of the following: original receipt invoice cancelled check

**Request will not be honored without attachment

Purpose - Itemize expenses below and provide a short description:

Send payment to: [PTA mailbox, school office, vendor, home, etc.]

Any questions please contact Donna Murphy

410-917-9448 or email ridgelyptatreasurer@gmail.com

Approved by: _____
PTA President/Vice President Signature Date

Date Received by Treasurer: _____

Date paid: _____

Treasurer Signature: _____

Paid by check # _____

Is this a budgeted item? Yes No