



Disbursement/Reimbursement Request

Mockingbird Elementary PTO

Receipts or Invoices must be attached

Check Requester _____

Date _____

Payable To _____

Date needed _____

Included in Annual Budget

_____ *Budget line item*

OR

Approved at meeting

_____ *Date*

Description	Place of purchase	Amount
<i>Sales Tax will NOT be reimbursed</i>		Total pay

Remarks