

PTO Request for Disbursement of Funds Eagle Pointe Elementary

(Please use blue or black ink only)

Date Submitted: _____

Check Requested By: _____

Phone Number: _____

Check Issued To: _____

Address (if applicable): _____

Amount: _____

Date Incurred: _____

Committee: _____

Reason For Disbursement

(Please list expenditures and attach receipts to this form. No checks will be issued without receipts.)

Your Signature: _____

OR

Approved by PTO Board: _____

Please Indicate Payment Pick Up Preference

_____ Leave check in mailbox (Teachers & Staff) _____ Leave in office for pick up

_____ Send check home via student

Student Name: _____

Teacher: _____

For Treasurer Use Only:

Date Paid _____

Date Called (for pick-up)/Mailed _____

Check Number _____

Entered _____