

**BALLANTYNE ELEMENTARY PTA
CHECK DISBURSEMENT REQUEST FORM**

*****Attach all loose receipts or bills*****

Payee: _____ Date: _____

Purpose of Disbursement: _____

Committee: _____

Amount of Disbursement: \$ _____

Requested By: _____

Please mail to: _____

OR

Return to me at school: Child's name: _____

Teacher/Grade: _____

APPROVALS

Vice President: _____ Date: _____

Treasurer: _____ Date: _____

President: _____ Date: _____

Check Amount: \$ _____ Check #: _____

Account Breakdown: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____