



Request for Disbursement of Funds

Request Description (state purpose of expense and impact to Halley):

Requested by Name _____ **Date** _____

Email Address _____ **Amount Requested \$** _____

Check Made Payable to _____

Address to be Mailed to _____

Signature _____

Attach Invoices and/or receipts to this form. Be sure to keep a copy for your records.

Expenses must be submitted within 30 days of incurring expense. The PTO will consider expenses received by June 30th (end of the school year).

QUESTIONS: Email Treasurer@HalleyPTO.com

Is disbursement in accordance with PTO Budget: Yes No

If not, date approved by General Membership: _____

Budget Account to be Charged: _____

ADMINISTRATIVE SECTION ONLY

Approval of PTO Chairperson: _____

Name: _____ Signature: _____

Check #: _____ Date Issued: _____ Check Amount: \$ _____

Signature of Treasurer: _____ Date Check Mailed: _____