

OAKDALE ELEMENTARY PTA

DISBURSEMENT REQUEST FOR 2010-2011

Please complete this request in its entirety for all items that require payment or reimbursement.
An *original* receipt, invoice, copy of purchase order or detailed explanation (only acceptable when the former is not available) must accompany your completed request.

Send completed request to: Dave and Sue Tedtman
 4396 Oakville Drive
 Cincinnati, OH 45211

or place your completed request in the **PTA Treasurer's box** in the school's office for pickup.

Please call Dave or Sue at 574-8043 with any questions.

REQUESTER (please print):

DATE REQUESTED:

**REQUESTOR'S EVENING/WEEKEND
PHONE NUMBER:**

PTA COMMITTEE:

ACTIVITY INVOLVED:

PAYEE NAME (please print):

STREET ADDRESS (please print) OR ROOM NUMBER IF A TEACHER:

CITY:

STATE:

ZIP CODE:

REMITTANCE DIRECTIONS (check all that apply):

☐ Send check directly to above payee. ☐ I will pick check up at Treasurer's home
 (address shown above).

☐ Send check to (please print):

Name: _____

Address _____

City/State/Zip _____

☐ I need the check by: _____

☐ See Special Instructions below.

Was item a budgeted item? ☐ YES ☐ NO ☐ NOT SURE/UNKNOWN

If no, was item approved by PTA membership and identified in the Meeting Minutes? ☐ Yes ☐ No

If no, explain in Special Instructions below.

SPECIAL INSTRUCTIONS:

DETAILS:

<i>Expense Category (from Budget)</i>	<i>Description of Item(s):</i>	<i>Amount (\$)</i>

Requested Check Total: \$

Signature of Requestor: _____

Signature of Authorized Signer, if needed: _____

8/1/07 DATE PAID: _____ CHECK NUMBER: _____ AMOUNT \$ _____