

STEPHEN C. FOSTER PTA

CASH DISBURSEMENT REQUEST (PINK SLIP)

Date: _____

I hereby request funds from the Stephen C. Foster PTA for:

Check one: Reimbursement Advance Payment of Bill

Project or Committee: _____

Reminder: Are you within budget?

Purpose/Use: _____

Check Payable To: _____

Total Amount Requested: _____

Check to be: Hand Delivered Mailed

To: _____

Signed: _____ Phone #: _____

PLEASE ATTACH RECEIPTS OR INVOICES IN ORDER TO RECEIVE PAYMENT

For Treasurer's Use Only:
Check # _____
Date Paid _____
Amount _____
Expense Acct. _____

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