

Old Settlers Elementary PTA 2023-2024 Check Disbursement Request

Person Requesting Check:

Name (Printed) _____
 Address _____

 Telephone _____

Date Requested: _____

Information for Check:

Payable to _____
 Delivery Instructions _____

1. Please complete a separate check request form for each check required.
2. The form must be filled out completely.
3. Attach the original receipts behind this form
4. Obtain appropriate signatures
5. Provide specific delivery instructions: unless otherwise requested, the Treasurer will mail the check directly to the payee or in the case of reimbursing a PTA Board Member, will put the check in the PTA mailboxes.

*** If you have any questions, call Anne Opel (972-816-7459) or email oseptatreasurer@gmail.com.

| Receipt Information: List Item(s) Purchased by Receipt Total (Do not include sales tax, as it cannot be reimbursed – use a tax exempt form for purchases) | Receipt Amount |
|---|-----------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total | \$ _____ |

Allocate Charges to Expense Account (*debited account from the POW*):

| Committee Chair Budget | Amount | Committee Chair Budget | Amount |
|--|----------|--|-----------------|
| <input type="checkbox"/> President | \$ _____ | <input type="checkbox"/> Publicity | \$ _____ |
| <input type="checkbox"/> 1st VP | \$ _____ | <input type="checkbox"/> Room Rep Coord. | \$ _____ |
| <input type="checkbox"/> 2nd VP | \$ _____ | <input type="checkbox"/> Secretary | \$ _____ |
| <input type="checkbox"/> Council Delegate | \$ _____ | <input type="checkbox"/> Special Projects I | \$ _____ |
| <input type="checkbox"/> Environmental | \$ _____ | <input type="checkbox"/> Special Projects II | \$ _____ |
| <input type="checkbox"/> Healthy Lifestyles | \$ _____ | <input type="checkbox"/> Treasurer | \$ _____ |
| <input type="checkbox"/> Historian | \$ _____ | <input type="checkbox"/> Volunteer Coord. | \$ _____ |
| <input type="checkbox"/> Hospitality | \$ _____ | <input type="checkbox"/> Website Coord. | \$ _____ |
| <input type="checkbox"/> Legislative Liaison | \$ _____ | <input type="checkbox"/> Communications | \$ _____ |
| <input type="checkbox"/> Membership | \$ _____ | <input type="checkbox"/> Spirit Wear | \$ _____ |
| <input type="checkbox"/> Newsletter | \$ _____ | | |
| <input type="checkbox"/> Parliamentarian | \$ _____ | Total | \$ _____ |

Committee Chair Signature _____

Note: If no Committee Chair is assigned to the line item, the President, 1st VP, or 2nd VP must approve.

President Signature _____

Treasurer Signature _____

| | | |
|---|--------------------------|---------------------------|
| For Treasurer Use Only: | Received ____/____/202__ | |
| Check # _____ | Amount \$ _____. | Date Paid ____/____/202__ |
| DELIVERY: <input type="checkbox"/> Mailed <input type="checkbox"/> OSE OFFICE <input type="checkbox"/> IN PERSON <input type="checkbox"/> PICK UP | | Delivered ____/____/202__ |