



400 S Michigan Ave.  
Addison IL 60101  
630-458-2920  
www.fullertonpta.org

### CASH DISBURSEMENT REQUEST

**IMPORTANT:** Receipt must be dated within 30 days of request for reimbursement. Reimbursement requests may not exceed budgeted amount.

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check payable to Name and Address

(if check is payable to you, print your child's name and room number below)

\_\_\_\_\_ Child's name \_\_\_\_\_ Room #

\_\_\_\_\_ Committee

<u>Item(s) purchased – Please attach all receipts!</u>	<u>Amount</u>
_____	_____
_____	_____
Total Amount \$	

\_\_\_\_\_  
Signature of Person Submitting

Submit completed form with attached receipt to school addressed to:  
**PTA Treasurer-Reimbursement**

Approved by: \_\_\_\_\_  
Treasurer or President Date

ACCOUNTING USE ONLY:	_____ Voucher #	_____ Check #	_____ Amount	<input type="checkbox"/> Yes <input type="checkbox"/> No Board Approval
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Board Member \_\_\_\_\_ Board Member \_\_\_\_\_

**Receipts must be submitted within 30 days of purchase date. Receipts must be for the actual amount to be reimbursed and may not include tax or personal purchases. Please see a Board member to receive a copy of our tax-exempt letter to use for PTA purchases**