

Osborn School PTO

Disbursement/Reimbursement Request Form

To: Osborn School PTO Treasurer

Date of Request: _____

From: _____

(Please Print)

Please make payment for the expenditures listed below as they are for purposes budgeted and approved by the PTO. I have attached receipts for each item.

<u>Description</u>	<u>Budget Category</u>	<u>Amount</u>
1.		\$
2.		\$
3.		\$
4.		\$ _____
Total Payment		\$ _____

A check in the amount of _____ should be made payable to:

Name: _____

Please check one:

_____ **Mail the check to:**
(Name – if different from above) _____

(Street Address) _____

(City, State, Zip Code) _____

_____ **Place check in _____ mailbox @ Osborn School**

signature