

**Barnstable United Elementary School
Parent Teacher Association**

Disbursement Request Form

Request for classroom funds to be spent on the following:

Teacher: _____ Room Number: _____

Date of Request: _____ Date Needed: _____

Amount Requested: \$ _____

Make Check Payable to: _____

Fundraiser? Yes/No If yes, please name _____

All fundraising disbursements need to be pre-approved by the Chairperson prior to signing a contract and the Chairperson needs to submit this expense for Treasurer review.

Fundraiser Chairperson: _____ / _____
Print name please Signature

Purpose of Expenditure:

Is this amount to be divided between a team or pod? _____

If yes, please state the team or pod name, the names and room numbers of the teachers in that pod or team, and how the funds are to be divided:

**Checks will not be issued without this form and supporting documentation.
Please attach original invoices or receipts.**

For Office Use Only

Approved: Check One Yes	Approved by: _____	Check Number: _____	Notes: (If not approved, use this area to explain reasoning)
No	Initials/Date	_____	