



Ronald Reagan High School PTA Cash Disbursement Request

Treasurer's Use Only:

CD #: _____

Date Paid: _____

Check #: _____

Date of Request: _____

Requested by: _____ Title/Committee: _____

Email: _____ or Phone: _____

Requested For: _____

Taxable Purchase: No Yes

Reimbursement

Pay vendor directly

Payee: _____

Mailing Address: _____

Amount: \$ _____ Due Date: _____

Budget Account: _____ Amount: \$ _____

Budget Account: _____ Amount: \$ _____

Budget Account: _____ Amount: \$ _____

Budget Account: _____ Amount: \$ _____

Check Total: \$ _____

Approved By: _____

***Prepare one voucher per payee.
Voucher must be accompanied by receipt or vendor's invoice.
Please make all purchases tax-free. PTA will not reimburse sales tax.***