

HILLCREST COMMUNITY SCHOOL PTSA

Disbursement Request

Date Requested: _____

Budget Category _____

Amount Requested \$ _____

Requested by: _____

Payable to: _____
Name

Street Address

City, State, Zip Code

Phone

To be used by Board Member:

Check # _____

Date Paid _____

Approved by _____

Approval date _____

Explanation for Expense _____

Are you requesting a cash advance? Yes No

Was a cash advance previously issued? Yes No

Policies for Expenditures and Reimbursements

~ Expenditures should be made in accordance with the current year's approved budget. All expenditures will be reviewed and approved by the Hillcrest Community School PSTA president, treasurer or their designee.

~ All requests for reimbursement must be accompanied by an *original* receipt or *original* invoice.

~ If possible, get separate receipts for PTSA purchases. Circle PTSA purchases on receipt if combined with personal purchases. Identification of items must be written on the receipt if they are not printed automatically by the cash register.

~ Use the PTSA sales tax exemption number. Sales tax in excess of \$5 per request will not be reimbursed.

~ Request for Disbursement should be made within 30 days of purchase.

~ A request for a cash advance must be requested on this form at least 3 days before needed and include a good faith justification for the amount requested. When the final amount is requested, the difference will be reimbursed or collected.