

**BROOKS ELEMENTARY PTA
REQUEST FOR DISBURSEMENT**

MAKE CHECK PAYABLE TO: _____

MAILING ADDRESS: _____

EMAIL: _____

Date	Item	Place of Purchase	Amount
TOTAL REQUESTED			

PLEASE CIRCLE PROGRAM/PROJECT TO BE CREDITED (NOTE IF SPLIT BETWEEN MULTIPLE PROJECTS)

- Fundraising: Blessings-in-a-Backpack, Community Outreach, Gala, Yearbook
- Community Building: Back to school picnic, community socials, fall festival, volunteer appreciation
- PTA Activities: Health and Wellness, Odyssey of the Mind, Outdoor classroom/garden
Playground, Reflections, Spelling Bee, WatchDOGS
- School Support: Achievement Gap, Book Fair, Gift of Learning, Mentoring, Field Day, Mini Grants for teachers
Field Trip, Jamestown, Room Parent, Teacher Allocation, PBIS, Student Council Association
Other School Support (please specify) _____
- Other: Programs, Babysitting, Other PTA Admin (please specify) _____

DETAILED EXPLANATION (activity, event, etc) _____

Certification: The expenses listed above were incurred in connection with authorized PTA work and were not otherwise reimbursed to me.

Requested by _____

Signature _____ Date _____

*Please staple all receipts and bills to this form. **NO REIMBURSEMENT WITHOUT DOCUMENTATION**

*Please return to Brooks PTA Box, Attn: PTA Treasurer or email to treasurer@brooksppta.org

* Mailing Address: Brooks PTA, 600 Russell Rd, Alexandria, VA 22301

(FOR TREASURER'S USE ONLY)

Date	Check #	Program/Project Credited	Amount \$	Approved