

Posted Date
Check No.

West Irondequoit Central PTA Disbursement Requisition Form

Disb No.
Acct No.

Date: _____

Amount: _____

Pay to the Order of: _____

Address: _____

Reason for Payment: _____

School/Committee Requesting Payment: _____

Requested By: _____

Approved By: _____

Chairperson/Bookkeeper approval required

I certify that this claim is just, true and correct; that the merchandise or services herein have been rendered to WICPTA; that taxes from which WICPTA is exempt are not included and that the balance is actually due and owing.

I certify that the merchandise or services itemized in the claim have been rendered or furnished to WICPTA on the date or dates shown, that the charges are correct, and am approving same for payment.

Top Copy - Treasurer

Bottom Copy - Chairperson/Bookkeeper

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