



**WILLIAM ANNIN MIDDLE SCHOOL PTO
70 QUINCY ROAD, BASKING RIDGE, NJ 07920**

DISBURSEMENT FORM

Request for (please check):

- Reimbursement for an expense already incurred
- Check request for advance payment
- Start-Up cash for an event

Committee Name: _____ Date of Request: _____

Your Name: _____

Contact phone/email: _____

Signature of committee member: _____

For Reimbursement, please provide:

To whom to make the check payable: _____

Address to send payment: _____

Purpose of expense: _____

Total reimbursement amount: _____

NOTE: Include copies of all receipts

For Check Request for advance payment, please provide:

To whom to make the check payable: _____

Address to send payment: _____

Purpose of expense: _____

Date check is due: _____

NOTE: Include copy of invoice with exact amount and name of payee

For Start-up Cash request, please provide:

Amount of cash required and exact denomination: _____

Please send completed and signed form along with your receipts, within two weeks of your event, to the following address:

Lakshmi Gurram
5 Arbor Cir, Basking Ridge, NJ 07920
Questions, please e-mail: lg200530@gmail.com

Thank you for your work on behalf of the WAMS PTO!

To be completed by PTO Treasurer:

Signature of PTO Treasurer _____

Check Number _____ Date Paid _____