



William Annin Middle School PTO

DISBURSEMENT FORM

(08/01/2020-07/31/2021)

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 or Check Request, please provide:

To whom to make the check payable: _____

Address to send payment: _____

Description of expenses: _____

Total amount: _____

For Start-up Cash Request, please provide:

Amount of cash required and exact denomination: _____

Please send **completed and signed form** along with **all receipts, invoice and/or other documentation**, within two weeks of the event, to the following address:

WAMS PTO Treasurer
70 Quincy Road, Basking Ridge, NJ 07920

Or put in the PTA's mailbox in workroom behind the front office. Please allow at least two weeks for reimbursement. Missing documents or late form will cause delay in processing. Questions, please e-mail: treasurer.wamspto.nj@gmail.com

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

To be completed by PTO Treasurer:

Signature of PTO Treasurer _____

Check # _____ Date Paid _____