

**Mitchell Intermediate PTO  
Disbursement Request**

Date Check Needed:

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Make Check Payable to:  
(Name/Address)

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Budget Account/Committee:

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Item	Vendor	Amount

Requestor's Signature:

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Committee Chair or VP  
Signature:

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Additional Notes/Comments:

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<b>Treasurer Notes</b>	
Date Received	
Date Paid	
Check Number	