

REQUEST FOR DISBURSEMENT

(MUST BE WITHIN APPROVED BUDGET AMOUNT)

Date: _____

PAYEE: _____

Address: _____

City: _____

Zip: _____

Telephone: _____

PLEASE USE ONE REQUEST FORM FOR EACH PROJECT OR ACCOUNT. ONE CHECK SHOULD BE ISSUED FOR EACH REQUEST FORM.

REASON FOR REIMBURSEMENT		Amount
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	
10.	_____	
TOTAL:		\$ _____

****CHECK WILL BE ISSUED AFTER VERIFYING PROJECT/ACCOUNT BALANCE.**

SIGNATURE OF REQUESTER: X _____

SIGNATURE OF TREASURER: X _____

DATE CHECK ISSUED: _____

CHECK NUMBER: _____

CHARGE TO PROJECT/ACCT: _____

RECEIPTS MUST BE ATTACHED!