



DISBURSEMENT REQUEST

Requested By: _____ Date: _____ Amount: \$ _____

Pay to the order of: _____

Expense Category: _____ Event/Committee/Purpose: _____

Item	Vendor	Description	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total from Page 2		_____ list of additional items attached	\$
TOTAL AMOUNT			\$

Please Note: All check requests must be accompanied by a receipt or invoice (attached)

Please Deliver Check: By mail to: _____
 By Hand See Attached _____
 Other: _____ _____

 Signature Printed Name Email / Phone No.

.....
 (for Committee use)

Total Amount: \$ _____ Paid by Check No: _____ Date: _____

Comments: _____

 Treasurer's Signature Printed Name Date