DISBURSEMENT REQUEST

NAME _____ DATE _____

BUDGET ACCOUNT	DESCRIPTION OF ITEM	AMOUNT

TOTAL | **$ -**

1 Enter Description and Amounts; total will be automatically calculated.
2 Turn in two (2) copies to the **PRESIDENT** for her approval/signature.
3 Attach all receipts for all expenses.
4 **TREASURER** will approve if Budget allows reimbursement.
5 Disbursement will usually be made one-two weeks later.

President _____ Date _____

Treasurer _____ Date _____ Check # _____