

Request for Disbursement/Check Request

Date: _____

Pay To (Name): _____

Pay To (Address): _____

Please attach invoice, documentation and/or receipts.

Date	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

Comments: _____

Charge to _____ *(Budget Line Item)*

President or Secretary Approved: _____ **Date:** _____

Treasurer: **Date Paid:** _____ **Check #** _____