



Disbursement Request Form

Date Submitted _____

Date Required _____

To the Treasurer:

Pay to the order of _____

Amount _____ dollars and _____ cents \$ _____

Charge to account _____

Purpose _____

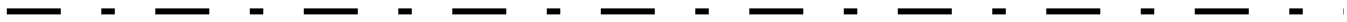
Itemized expenses _____

Total number of receipts attached _____

Requested by _____
Signature _____ *Title* _____

Approved by _____
Signature _____ *Title* _____

**Please staple original receipts to this form prior to forwarding to the treasurer.
Keep a copy of the receipt and this form in your committee's procedure book.**



Paid by check no. _____

Treasurer _____

Date _____

Lorenza Biagioni