Request for Reimbursement or Disbursement

Make payable to: Date:

Originator’s Name: Position

Reason for Request:

Budget Item

Charge to: Amount: $

Pick Up ( )

(OR)

Send to:

Name: Address:

City: St: Zip:

 Requestor’s Signature

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Approval\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Attach check stub, original receipts, and roster of attendees (if applicable)

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MUST be signed by the Committee Chair or BOD for check to be issued)

Financial Rep.: Date: