

[Type the document title]



Request for Funds Disbursement: General

Name: _____ Date Submitted: _____

Make Payment to: _____

Mailing address (if payment is to be mailed): _____

EXPENSES:

Date	Purpose/Description of Purchase	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL

Signature: _____

DIRECTIONS:

For Reimbursement: Attach a copy of receipt(s) of purchase that indicates name, date, itemized list of purchases (including tax) and total amount paid.

Submit completed form and receipt(s) to CRBBB Treasurer

Office use only:

CRBBB Officer(s) Approval

1. _____
(President)

2. _____
(VP/Secretary – over \$500)

Treasurer:

Check # _____

Date Received _____

Date Sent _____