

DISBURSEMENT REQUEST

(Please Print)

Requested by: _____ Date: _____

Director Signature: _____

President Signature: _____

Check Request Information

PAYABLE TO: _____

Address _____ City _____ State _____ Zip _____

***Amt:** _____ **Fund:** General Voice Student Forte
(circle one)

For: _____

(Attach invoices/receipts)

NOTE: Sales tax will not be reimbursed as per 503 © (3) PACBC Corporate By Laws

*Two signatures required for all disbursements requests
(President and Choral Director)

*Two check signatures required for any request over \$500
(President, Treasurer or Assistant Treasurer)

For Treasurer's Use Only

Check Number: _____ Details: _____

Date Issued: _____ Date Posted: _____