

Note: Be sure to attach receipts to the back of this form.

Check No. _____

Palm Beaches Chapter—STC Disbursement/Reimbursement Form

Type of funds request (check one): Disbursement Reimbursement

Check to be made out to (please print clearly): _____

Amount requested: \$ _____ Date requested: _____

Purpose for which funds will be/were used: _____

Name of person/organization requesting funds:

Print name: _____ Signature: _____

— For Chapter Use Only —

President's approval: _____ Date: _____

Treasurer's approval: _____ Date: _____

Amount: \$ _____ Date prepared: _____ Date delivered: _____



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