

**Mitchell PT0
Disbursement Form**

(To be used when requesting funds from the Treasurer)

Event: _____

Date: _____

Person Completing Form: _____

Phone: _____

Date of Request: _____

Date Check is Needed: _____

Make Check Payable To: _____

Budget Account/Committee: _____

| Item | Vendor | Amount |
|------|--------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | |

Requestor's Signature: _____

Chair/Committee Lead Signature: _____

Comments/Special Instructions: _____

| |
|------------------------------|
| Treasurer Notes: |
| Date Invoice Received: _____ |
| Date Paid: _____ |
| Check Number: _____ |