

**CT RSC**

**Disbursement Request Form**

Payee Name \_\_\_\_\_

Request Date \_\_\_\_\_

Committee \_\_\_\_\_

Request Amount \_\_\_\_\_

**Reason for Disbursement**

Please Specify By Budget Line Item

One Line for Each Line Item

Please Attach Receipts to This Form

	<u>LINE ITEM</u>	<u>AMOUNT</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

For Treasurer's Use

Approvals:

Treasurer \_\_\_\_\_

Chair \_\_\_\_\_

Disbursement Method:

Check No. \_\_\_\_\_

Cash \_\_\_\_\_ Other \_\_\_\_\_