

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 _____