

KKG PILGRIMAGE 2015-2016

DISBURSEMENT REQUEST FORM FOR REIMBURSEMENT or PAYMENT

Committee: _____	<i>For Controller's Use Only</i>
Member Name: _____	KKG Check #: _____
Phone Number: _____	Date of Check: _____
Date Submitted: _____	Date Received: _____
<i>Signature (or italic type) is required</i>	Debit Account: _____
Committee Chair (Print): _____	Debit Account: _____
Signature of Chair: _____	Credit Account: _____

Be certain to fill out this form completely and to get the required signature(s). Staple detailed receipts to the right hand side of this form. If you inadvertently paid sales tax, you must deduct that amount from your totals. The Business Manager is not allowed to reimburse the following: 1) amounts not approved; 2) sales tax; or 3) without attached receipts or bill.

If you are requesting reimbursement for expenditures that need to be charged to more than one category, please list them separately. Attach an additional page if needed. Put the total of the amount for which you need reimbursed on the TOTAL line.

Classification*	Description	Amount	For internal use
(1)			
(2)			
(3)			
(4)			
(5)			
Attach page if >5 item	TOTAL FROM ATTACHED PAGES:		

* CLASSIFICATIONS: Administration, Foundation, Home Tour, Preview Party, Program, Stitchers, Luncheon, or Kitchen.

TOTAL: _____

PRINT the name and address of the person or entity to whom the check should be made payable, and mailed to.

MAKE CHECK PAYABLE TO:

Mail to (Name) _____

Address: _____

City, State: _____

Zip Code: _____

RETURN THIS FORM AND RECEIPTS TO:

Susan McConn

Addl. contact info

5207 Green Tree

713.201.7113

Houston, Texas 77056

susanmconn@comcast.net