**KKG CFH Fundraising Events**

Disbursement Request Form for Reimbursement or Payment

**Committee Member Name Cell Phone Number Date Submitted Signature (or italic type) is required Committee Chair (print)**

**Signature of Chair**

**FOR CONTROLLER’S USE ONLY** KKG Check # Date of Check Date Received Debit Account Debit Account

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 controller is not allowed to reimburse the following: 1) amounts not approved; 2) sales tax; or 3) amounts 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 reimbursement on the TOTAL line.

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

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

**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:Heather Herrold**

**2403 Avalon Pl. Houston, Texas 77019**

**ADDL. CONTACT INFO**

**713-557-1330**heather@herrold.net