

KKG CFH Fundraising Events

Disbursement Request Form for Reimbursement or Payment

Committee _____	FOR CONTROLLER'S USE ONLY
Member Name _____	KKG Check # _____
Cell Phone Number _____	Date of Check _____
Date Submitted _____	Date Received _____
Signature (or <i>italic type</i>) is required _____	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 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, **TOTAL:** _____
 Preview Party, Program, Stitches, Luncheon, or etc.

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 _____

<p>RETURN THIS FORM AND RECEIPTS TO:</p>	<p>Mundi Elam 3759 Rice Boulevard Houston, Texas 77005</p>	<p>ADDL. CONTACT INFO</p> <p>713-703-4331 Mselam96@hotmail.com</p>
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