

KKG CFH Fundraising Events

Disbursement Request Form for Reimbursement or Payment

Committee _____ Member Name _____ Cell Phone Number _____ Date Submitted _____ Signature (or <i>italic type</i>) is required _____ Committee Chair (print) _____ Signature of Chair _____	FOR CONTROLLER'S USE ONLY KKG Check # _____ Date of Check _____ Date Received _____ Debit Account _____ Credit Account _____
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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, Stitches, 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:

Lib Snell
 5504 Doliver Drive
 Houston, Texas 77056
 713-416-3009
 librobertsnell@aol.com