



EASTERN SECTION DISBURSEMENT FORM

DATE: _____

NAME OF REQUESTOR: _____

MAKE CHECK PAYABLE TO: _____

ADDRESS (*if mailed*): _____

AMOUNT: \$ _____

(*Attach Original Receipts*)

REASON FOR REIMBURSEMENT: _____

SIGNATURE OF REQUESTOR: _____

PROFESSIONAL COUNCIL EXPENSE? Yes No

WHICH PROFESSIONAL COUNCIL? _____

PC CHAIR SIGNATURE (*if applicable*) _____

AUTHORIZED BY: _____ DATE: _____
(EASTERN SECTION BOARD PRESIDENT)

PROCESSED BY: _____ DATE: _____ CK # _____
(EASTERN SECTION BOARD TREASURER)