



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 PRESIDENT: Kristin Merritt)

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