Disbursement of Funds Report

Name (Must be authorized check signer):	Date:

RECEIPT?	BUDGET LINE ITEM	VENDOR	SALES TAX PAID	FOOD TAX PAID	CHECK #	TOTAL PAYMENT

Original receipts must be submitted and attached to this report within 7 business days. Only authorized check signers can use this form. All others must submit a Request for Reimbursement Form.

Photocopies of receipts returned by request only.