



**Disbursement / Reimbursement Form**

*Fiscal Year September 1, 2021, to August 31, 2022*

**I have attached invoices to this form, which need to be paid.**

**Please disburse funds from the Corporate Account for the following:**

**Reminder: Non-Officiating Reimbursements between $200-$500 must-have approval from Liaison before disbursements are provided.**

**Non-Officiating Disbursements OVER $500 must be paid directly to the vendor. Those must have the approval of the Liaison before payment is made to the vendor.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHECK PAYABLE TO:**  Print full name and mailing address | **AMOUNT:**  Of the check | **FOR:**  Indicate invoiced items | **CHARGE TO:**  Which CMSA program(s) |
|  |  |  |  |
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**I have attached receipts to this form for my out-of-pocket expenses.**

**Please reimburse me from the Corporate Account for the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHECK PAYABLE TO:**  Print full name and mailing address | **AMOUNT:**  Of the check | **FOR:**  Indicate invoiced items | **CHARGE TO:**  Which CMSA program(s) |
|  |  |  |  |
|  |  |  |  |

# *PREPARER’S SIGNATURE:* *DATE:*

### *— FOR CMSA Treasurer Use —*

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Corporate Check Number Issued Per Request:**

***1. \_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_***