

## Disbursement Request Form School Year 2023-2024

Date		
Requested by	Printed Name Signature Email Address Phone Number	
Total Amount:	Budget Line Item to Use:	
Purpose		
	Amount	
Continue on the back for a	Total	

## **Payment Instructions**

Please include the original receipts with the submission of this disbursement request. If an invoice needs to be returned with payment, then please include the invoice. Receipts may be added below as additional pages, or attached to email separately.

Make check payable to: Name of Payee or Vendor How would you like the reimbursement check delivered? □Placed in your CLES mail slot □Mailed. If Mailed, then enter the postal address:			$\Box$ Pay by this date:		
			Due Date		
			☐Send an email notification when payment is ready ☐Other. Please specify in the space below.		
Street		7. 0. /			
City	State	Zip Code			
Date:		Check #:		Approved Amount:	
Issuing Officer #1			Issuing Officer #2		
Signature		Signature			
Printed Name			Printed Name		
Title			Title		