



# Reimbursement & Disbursement Request Form



This form must be completed for any requests made to the Network Executive Committee for reimbursement or disbursement of monies related to any Network or UDA activity. Any member of the UDA community may submit a request form.

Date: \_\_\_\_\_

Name of Project/Event: \_\_\_\_\_

Person Completing This Form: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Please provide a brief explanation of why The Network should fund this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** All receipts related to this request must be attached to this form. Copies of original receipts are accepted.

The reimbursement or disbursement request will be approved by a simply majority vote of the Executive Committee. Expenditures in excess of \$2000 require approval, by majority vote, of the Executive Committee and the Principal. The Network Treasurer's monthly report will reflect any reimbursement requests that have been approved and disbursed.

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### This section to be completed by a Network Executive Member

Request Approved or Denied: \_\_\_\_\_ Date: \_\_\_\_\_

2 Network Officers must sign for any disbursement/reimbursement: (ie Treasurer & President, VP & Secretary)

Print Name & Network Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name & Network Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Disbursement Date: \_\_\_\_\_

Disbursement Amount: \_\_\_\_\_

Disbursement Recipient Name: \_\_\_\_\_