

**DISBURSEMENT REQUEST**

**Disbursement Request Form**

**To the Treasurer:**                      **Date** \_\_\_\_\_

**Pay to the order of:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **dollars and** \_\_\_\_\_ **cents.**

**Mail check to:** \_\_\_\_\_  
\_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Itemized expenses:** \_\_\_\_\_  
\_\_\_\_\_

**Total number of receipts attached:** \_\_\_\_\_

**\*\*\*Please attach receipts to this form prior to forwarding to the treasurer.\*\*\***

**Total requested:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_

**(Your signature)**

**\*\*\*\*\* For Internal Use Only\*\*\*\*\***

**Paid by check number:** \_\_\_\_\_

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

**Funds disbursed by:** \_\_\_\_\_

**Ta Ta Rebels Inc. Treasurer's signature** \_\_\_\_\_

## Guidelines for Disbursement

- The fund will cover out of pocket expenses up to \$250.00 per person during our fiscal year (July 1 - June 30).
- An invoice/receipt/EOB must be provided with the request
- The Board of Officers will review requests sent for larger amounts.
- Individuals may contact the fund for assistance via email or phone
- Request MUST be for Breast Cancer Survivor related items

**Please submit completed form and copies of invoice/receipt/EOB to  
tatarebels247@gmail.com**

**or mail to:**

**Ta Ta Rebels Inc**

**2440 River Rd.**

**Bainbridge, PA 17502**