



District 5340 – Disbursement Request Form

Type	
Reimbursement	
Check Request	
Other	

Request Date:		District Governor Approval	
Check Payable To:			
Mail Check To:		Committee Chair Approval (if required)	
Street Address:			
City, State, Zip		District Treasurer (if required)	
Requester Email:			
Requester Phone:		District Governor Line Approval (if required)	
Requester Name:		Requester Signature:	

Expense Description	Date	Event Location	PYMT Method	Budget Category	Budget Year	Vendor Name	Amount (USD)
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$

Notes: Add additional explanations in the block below.

Total Expense Amount	\$
Non-Reimbursable Amount	\$
Total Reimbursement	\$