**Chinese American Parents and Students Association**

**12308 Ambleside Dr, Potomac, MD 20854-6356**

**Disbursement Request Form**

Please attach receipt(s) or invoice(s) with this form.

**Date:**

****

**Amount Requested:**

****

|  |  |
| --- | --- |
| **Description** | **Amount** |

1

2

3

4

5

6

7

8

**Submitted by:**

****

**Phone:**

****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authorized by:** | | | |  |  |
|  | **President / Vice President, signature** | | |  | **Date** |
|  |  |  |  |  |  |
|  | **Treasurer, signature** | | |  | **Date** |
| **Disbursement check number:** | |  |  |  |  |
| **Check received by:** | | | |  |  |
|  |  |  |  |  | **Date** |
| Two signatures are required if the amount is over $1,000 | | | |  |  |