

BAND-AIDES, WEST, INC.
Disbursement Request Form

Committee / Departmental Program:	_____
Date:	_____ Amount Requested: _____
Check Payable To:	_____
Purpose / Explanation of Expenditure:	_____ _____ _____
Special Handling Instructions (mail, hand deliver, etc.):	_____ _____ _____
Receipts Attached:	_____ Yes (Preferred) _____ No (Complete Explanation Section Above)
Requested By:	

APPROVALS	
_____	_____
Committee Chair/Departmental Program	Date
_____	_____
Executive Committee	Date
_____	_____
Treasurer	Date
_____	_____
Check Number _____	Charge To _____

Instructions: Complete top section of form, secure Committee, Departmental, or Program approval (music directors need not do so), and forward form to Band-Aides, West Treasurer. Disbursement checks require two Executive Committee member signatures. Disbursement may take 7-10 days to process.