

## CHAPTER\_\_\_\_FINANCING

## Disbursement Request

DATE	E:
List Expenses [Minutes/Original Receipts must be atta	ached]
	\$
	\$
	\$
	\$
	\$
Total Expenses	\$
List Deposits [with explanation]	
	\$
	\$
Total Deposits	\$
BANK BALANCE [Original Bank Statement(s) must b	e attached] \$
AMOUNT REQUESTED \$	<u> </u>
Treasurer:	
Name (Please Print)	Signature
Address	
City	Postal Code
Local Treasurer:	
Randy Butler 23 Heenan Crescent Sylvan Lake, AB T4S 1Z8 Email: treasurer@aupelocal071.com	For Local Use Only!
	Number:
	Date:
	Amount:
NOTE: Please keep a copy of this completed form for	Approved by:
your Chapter records	