



CHAPTER ____ FINANCING

Disbursement Request

DATE: _____

List Expenses [Minutes/Original Receipts must be attached]

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total Expenses	\$	_____

List Deposits [with explanation]

_____	\$	_____
_____	\$	_____
Total Deposits	\$	_____

BANK BALANCE [Original Bank Statement(s) must be attached] \$ _____

AMOUNT REQUESTED \$ _____

Treasurer: _____
Name (Please Print)

Signature

Address

City Postal Code

Local Treasurer:

Karl Marten, Lethbridge College
3000 College Drive S.
Lethbridge, AB T1K 1L6
Or
1212 – 42 Avenue N
Lethbridge, AB T1H6B2

Email: treasurer@aupelocal071.com

For Local Use Only!	
Number:	_____
Date:	_____
Amount:	_____
Approved by:	_____

NOTE: Please keep a copy of this completed form for your Chapter records