

**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:** \_\_\_\_\_

	<b>Description</b>	<b>Amount</b>
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