



American Black Chiropractic Association

DISBURSEMENT/REIMBURSEMENT REQUEST FORM

Please submit this completed form with all documentation to ABCATreasury@yahoo.com or mail it to P.O. Box 725013 Atlanta, GA 31139. All payments from the Treasury must be approved by majority vote of the Executive Board of the ABCA.

PLEASE COMPLETE THE FOLLOWING FOR ALL DISBURSEMENT REQUESTS

MAKE CHECK PAYABLE TO (NAME & ADDRESS):

AMOUNT OF DISBURSEMENT:

PURPOSE OF DISBURSEMENT:

PLEASE COMPLETE THE FOLLOWING FOR ALL REIMBURSEMENT REQUESTS

NAME OF REQUESTOR:

AMOUNT REQUESTED:

ADDRESS TO MAIL REIMBURSEMENT TO:

PURPOSE OF EXPENSE:

ARE ALL BACK UP DOCUMENTS (IE RECEIPTS, INVOICES) ATTACHED? YES NO

PLEASE LIST ATTACHMENTS BELOW:
