

# SHAWNEE MISSION SOUTH ORCHESTRA SUPPORTERS

## DISBURSEMENT REQUEST

(Please complete request below, attach receipts, and mail to Treasurer for reimbursement.)

DATE: \_\_\_\_\_ EVENT: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

RECEIPTS ATTACHED:     YES     NO

MAKE CHECK PAYABLE TO: \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_

ADDRESS WHERE CHECK SHOULD BE SENT:

\_\_\_\_\_  
\_\_\_\_\_

ITEMS PURCHASED (Please itemize expenses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Disbursement

Mail Form To:    Krista Tompkins  
                      7809 W 97<sup>th</sup> Terr.  
                      Overland Park, KS 66212

\_\_\_\_\_  
SOS CHECK # \_\_\_\_\_ DATE PAID: \_\_\_\_\_ PAYEE: \_\_\_\_\_