

**Camp Creek Threshers
Disbursement Request**

Requesting Payment to: _____

Amount Requested: _____

Requested for: _____

Date of Purchase: _____

Date given to Treasurer: _____

To be Completed by Treasurer:

Date Requested Paid: _____

Amount Paid: _____

Check Number: _____

Payment Received by: _____

(signature by requester)

All bills need to be turned in to treasurer within 30 days of purchase for processing.

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