



Expenditure of Funds Claim/Reimbursement Form

Request

Note: This form must be approved and on file with the CMC Business Office for these funds to be expended.

Date of Request: _____

Name of Club: _____

Amount of Check \$ _____ (Please attach supporting documents to this form)

Check Payable To: Name: _____

Address (if mailing): _____

Reason for Check:

Approval Signatures

Club Officer: _____ Date: _____

Officer Title: _____

Club Advisor: _____ Date: _____

Who to contact once complete; and how: _____

Check Disbursement

Date Written: _____

Check Number: _____

Business Office Use Only

Prepared By: _____

Check Picked Up By: Name: _____

Signature: _____

Date: _____