

**REQUEST FOR DISBURSEMENT**

Committee: Date: Click or tap to enter a date.

Total Amount Requested:

Make check payable to:

Mail Check to:

 Name:

 Address:

 Phone:

 Email:

Requested by (Person/Committee):

Explanation of Expense:

Budget Line Item to apply reimbursement to: (Director of Oversight to complete)

#  *(may be more than one)*

**NOTE: All invoices and copies of receipts (no photos, only PDFs) must be attached to this form to receive reimbursement. If submitting multiple invoices/receipts, please itemize in the blank space below. Use separate disbursement forms if submitting expense for multiple committees.**

Email to: administrator@nj.asid.org

**Disbursement must be signed by the Committee Chair prior to submitting for reimbursement.**

*Committee Chair Signature*