

**Mill Creek Towne Swim Association**  
**Disbursement Request**

**Pay to the order of:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount to be Disbursed: \$** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**\*Receipts are required for payment\* (please attach them to this form)**

**Description of Expense:** \_\_\_\_\_

**Check Requested by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Return Check to Requestor**     **Forward to Payee**     **Other** \_\_\_\_\_

**This request must be signed by the chairperson for the committee or an officer of MCTSA:**

**Approved By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Issuing Officer:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_