

EMERALD RIDGE PRIDE

# Funds Disbursement Request

For pre-approved PRIDE Sponsored functions.

Please fill out a separate form for personal reimbursements and vendor payment(s).  
Place the request in the PRIDE box. **A valid receipt or business invoice must be attached for payment to be issued.**

**CHECKS WILL BE WRITTEN THE 15<sup>TH</sup> AND 30<sup>TH</sup> OF EACH MONTH.**

Organization: \_\_\_\_\_ Activity: \_\_\_\_\_

Date: \_\_\_\_\_ Total: \_\_\_\_\_

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REIMBURSEMENT \_\_\_\_

PAYMENT \_\_\_\_

To \_\_\_\_\_ For \_\_\_\_\_ Amount \_\_\_\_\_

To \_\_\_\_\_ For \_\_\_\_\_ Amount \_\_\_\_\_

To \_\_\_\_\_ For \_\_\_\_\_ Amount \_\_\_\_\_

To \_\_\_\_\_ For \_\_\_\_\_ Amount \_\_\_\_\_

Requested by: \_\_\_\_\_

Signature: \_\_\_\_\_