

MARYLAND STATE FAMILY CHILD CARE ASSOCIATION  
DISBURSEMENT/REIMBURSEMENT REQUEST

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

Invoice Number: \_\_\_\_\_

To the Treasurer:

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

Amount: \_\_\_\_\_

Budget Class/Category:

\_\_\_\_\_ Administrative

\_\_\_\_\_ Conference:

\_\_\_\_\_ Board Retreat & Development

\_\_ Silent Auction

\_\_\_\_\_ Public Policy

\_\_ Exhibitors

\_\_\_\_\_ Public Relations

\_\_ Door Prize

\_\_\_\_\_ Printing & Reproduction

\_\_ Sales

\_\_\_\_\_ Office Expense

\_\_ Supplies

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

(Signature of Committee Chairperson)

Paid by check #: \_\_\_\_\_

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

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