

# Choconut Valley Youth Athletic Association (CVYAA)

## Disbursement Request Form

Public meetings are held the 2<sup>nd</sup> Thursday of each month in the faculty room.  
Requests need to be submitted to a CVYAA board member prior to this or it will not be reviewed until the next month's meeting.

Date of Request: \_\_\_\_\_

Person Requesting Money: \_\_\_\_\_

Purpose:

---

---

---

---

Form of Payment:

1. Requesting Upfront Check from CVYAA for \$ \_\_\_\_\_

**Return ALL receipts as proof of payment for purchase.** If all funds are not needed, please return change to a CVYAA board member.

2. Prior approval for personal payment to be reimbursed in the amount not to exceed \$ \_\_\_\_\_

**Return ALL receipts for full reimbursement.**

Approved by: \_\_\_\_\_

CVYAA President

Date

President Contact: Tracie McComb at [tmccomb@masd.info](mailto:tmccomb@masd.info)

CVYAA Use Only

Paid by check no. \_\_\_\_\_

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

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

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

Is this a budgeted item?  Yes  No