

# TEXAS CLOWN ASSOCIATION DISBURSEMENT REQUEST

Note: All expenses must be approved and/or budgeted.  
Presentment of this form does not guarantee payment.

DATE: \_\_\_\_\_

NAME OF REQUESTING PARTY: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

MAIL TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

Please list details of expenses below and **attach receipts**:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL AMOUNT:	\$ _____

Signature of requesting party \_\_\_\_\_

For TCA Treasurer's use only

Payment information: Check # \_\_\_\_\_ dated \_\_\_\_\_