



1842 w. 108th Street, Los Angeles, CA 90047

**DISBURSEMENT EXPENSES FORM**

DATE (XX-XX-XXXX): \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

AUXILIARY/DEPT: \_\_\_\_\_

AMT RECEIVED (or advanced): \$ \_\_\_\_\_

**DISBURSEMENTS**

Vendor	Description	Amount

\*\*If you need add more, use back of this form.

TOTAL RECEIPTS: \_\_\_\_\_

<u>Total RECEIVED</u>	(minus)	<u>TOTAL RECEIPTS</u>	=	<u>TOTAL OWED/RETURNED</u>
\$ _____	—	\$ _____	=	\$ _____

**IMPORTANT!**

ALL funds MUST be accounted for, and ALL receipts must be attached to this form (taped to an 8/1-2 x 11 sheet of paper).

(over)



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**DISBURSEMENT EXPENSES FORM-2**

<b>DISBURSEMENTS—Continued</b>		
<b>Vendor</b>	<b>Description</b>	<b>Amount</b>

TOTAL RECEIPTS: \_\_\_\_\_

<b>Total RECEIVED</b>	(minus)	<b>TOTAL RECEIPTS</b>	=	<b>TOTAL OWED/RETURNED</b>
\$ _____	—	\$ _____	=	\$ _____

**IMPORTANT!**

ALL funds MUST be accounted for, and ALL receipts must be attached to this form (taped to an 8/1-2 x 11 sheet of paper).