

Cheque Disbursement Request Form



Payee: _____

Date: _____

Amount: _____

Description: _____

Approved By: _____
(CDMHA Board Member)

Signature: _____

Please attach copy of the receipt. Cheques **will not** be issued without the signature of a CDMHA Board Member. Coach/Trainer certification reimbursement must be signed by Division Convenor.

OFFICE USE ONLY

Cheque #: _____

Date: _____

Account #: _____

Signed: _____