



HOLMES COMMUNITY COLLEGE Club Account Disbursement Approval

Date of Request: _____

Club Name: _____

Person Requesting: _____

Supervisor: _____

Total Amount of Disbursement Request: \$ _____

Please issue a check to the following vendor/person:

Vendor/Person: _____

Vendor/Person Address: _____

Purpose of Disbursement: _____

Signature of Requestor: _____

Signature of Supervisor: _____

Please note that the Business Office must have copies of invoices before payment to a vendor will be released.

If the disbursement is a reimbursement all receipts must be presented to the Business Office before a payment will be released.

Checks for club account disbursements will only be processed and cut on the 10th and 25th of each month. Please plan your requests accordingly.