

North East Freedom Area Spiritual Retreat  
DISBURSEMENT FORM

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Telephone or e-mail: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Pay to the Order of: \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

Subcommittee: \_\_\_\_\_

Send Check to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

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TO BE COMPLETED BY TREASURER:

Total: \_\_\_\_\_

Paid by Check # \_\_\_\_\_ Date: \_\_\_\_\_

Issuing Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Checks Must Be Signed By Two Host Committee Members