

**CENTENNIAL HIGH SCHOOL FOUNDATION FOR THE FINE
ARTS DISBURSEMENT REQUEST FORM**

Date Requested _____ Date Needed: _____

* Please allow 7 days for processing,
if needed quicker, notify the
Treasurer immediately.

Discipline: _____

Payee Name: _____

Address: _____

Total Amount: _____

Description of Expense:

Expense Account: _____

APPROVAL SECTION

Submitted By: _____

Approved By: _____

(Signature of Discipline President – Mandatory)

NOTES: _____

- 1) Original receipts **MUST** accompany all reimbursement requests.
- 2) When **INVOICES** are available, they should be attached to this form.
- 3) Clinicians, Accompanists, Directors and Independent Contractors **MUST** be paid by CHS.
This is to ensure proper tax reporting for those individuals.