

★ NEYM Sessions 2011 ★
Disbursement Request

Mail for authorization to :

Sessions Coordinator
901 Pleasant Street
Worcester, MA 01602

*Please be sure to photocopy or attach
all relevant receipts on or to the reverse
of this form*

invoice or receipt date: _____

receipt copied or attached: _____

date of request: _____

amount requested: _____

Pay to: _____

Address: _____

If different than payee,

Send to: _____

Description of the expense items (be as accurate as possible): _____

Account to be charged: _____
(Specify committee or project)

Authorizing Signature: _____ **Phone:** _____
(Clerk of Sessions Committee or Sessions Coordinator)