



EASTERN DISTRICT
North Carolina Public Health Association

FUND REQUEST/RECEIPT FORM

SECTION/COMMITTEE _____

AMOUNT REQUESTED _____

PAYABLE TO _____
Name

Address _____ City _____ State _____ Zip code _____

PURPOSE _____

REQUESTED BY _____ DATE _____

CASH ADVANCE REQUESTED YES NO

DATE CHECK ISSUED _____ CHECK NUMBER _____

AMOUNT _____ ISSUED BY _____
Treasurer

AFTER THE CONFERENCE, RECEIPTS/INVOICES AND/OR SURPLUS FUNDS NEED TO BE ATTACHED TO THIS REQUEST AND RETURNED TO THE TREASURER.

RECEIPT TOTALS: _____

RETURNED FUNDS: _____

RETURNED _____
SIGNATURE DATE

RECEIVED BY: _____
TREASURER DATE