



**Eastern District**  
NCPHA

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