

DISBURSEMENT REQUEST

Disbursement Request Form

To the Treasurer: **Date** _____

Pay to the order of: _____

Amount: _____ **dollars and** _____ **cents.**

Mail check to: _____

Purpose: _____

Itemized expenses: _____

Total number of receipts attached: _____

*****Please attach receipts to this form prior to forwarding to the treasurer.*****

Total requested: _____

Phone: _____

(Your signature)

******* For Internal Use Only*******

Paid by check number: _____

Date: _____

Funds disbursed by: _____

Ta Ta Rebels Inc. Treasurer's signature _____

Guidelines for Disbursement

- The fund will cover out of pocket medical related expenses up to \$300.00 per person during our fiscal year (July 1 - June 30).
- A copy of an invoice/receipt/EOB must be provided with the request.
- The Board of Officers will review requests sent for larger amounts.
- Individuals may contact the fund for assistance via email or phone.
- Request **MUST** be for Breast Cancer Survivor related items **AFTER** treatment and surgeries are complete.
- Pennsylvania residents **ONLY**.

**Please submit completed form and copies of invoice/receipt/EOB to
tatarebels247@gmail.com**

or mail to:

Ta Ta Rebels Inc

PO Box 501

Elizabethtown, PA 17022