

# Cheque Disbursement Request Form

**Payee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approved By:** \_\_\_\_\_  
(CDMHA Board Member)

Please attach copy of the receipt. Cheques will not be issued without the signature of a CDMHA Board Member. Coach/Trainer certification reimbursement must be signed by Division Convenor.

---

## Office Use Only

Cheque # \_\_\_\_\_

Date : \_\_\_\_\_

Account # \_\_\_\_\_

Signed : \_\_\_\_\_