

**CONTEST STEERING COMMITTEE
GREAT GULF COAST REGION #10**
Sweet Adelines International
REQUEST FOR DISBURSEMENT

PRINT NAME _____ TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

EVENT and DATE OF REQUEST _____ | _____

Please Submit within 15 days of event/meeting.

Funding may vary, so please confirm your funding with your contact before submitting.

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>NOTES</u>
Meetings not in conjunction with Regional Weekend		
Round Trip _____ Miles @ .40¢ or airfare		
Travel from _____ to _____		
Hotel Charges (if applicable)		
Meetings in conjunction with Regional Weekend		
Hotel Charge 1 night Double Occupancy (your cost only)		
CONTEST		
Round Trip _____ Miles @ .20¢ or 50% airfare		
Travel from _____ to _____		
Hotel Charges – Double Occupancy (your cost only)		
<u>TOTAL DISBURSEMENT</u>	\$	

Carol Mouche, Communication Coordinator

Charlotte Hoffman, Director Coordinator

Ednae Kinsman, Events Coordinator

Cheryl Pyle, Finance Coordinator

Jane Schlinke, Marketing Coordinator

Carin Williamson, Membership Coordinator

Cinda Crews, Team Coordinator

Approval Signature: _____ **Title:** _____

**AFTER APPROVAL IS OBTAINED FROM EVENTS COORDINATOR, SUBMIT FORM TO:
Cheryl D. Pyle, Region #10 Finance Coordinator, 1206 Barrington Drive, Austin, TX 78753**

Pd \$ _____	ck # _____	Date _____	Pd by: _____
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