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## SCPHA

# REQUEST FOR DISBURSEMENT CHECK

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1. Name of organization, committee, external account or group:  
*(External Account Holders: Please use official external account name as listed on SCPHA's Balance Sheet.)*  
\_\_\_\_\_
  
2. Activity or Function:  
\_\_\_\_\_
  
3. Name and Title of authorized official requesting funds:  
\_\_\_\_\_
  
4. Amount Requested: \$ \_\_\_\_\_
  
5. Purpose: \_\_\_\_\_
  
6. Attached documentation: \_\_\_\_\_
  
7. Specify to whom the check is to be written:  
\_\_\_\_\_
  
8. Specify complete address where check is to be mailed and to whose attention:  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand that this request for funds is in accordance with the contract entered into by the above listed organization or the approved committee budget and the South Carolina Public Health Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit to:**  
**SCPHA**  
**PO Box 11061**  
**Columbia, SC 29211**  
**803-736-9461 Office**  
**803-788-0128 Fax**

**INTERNAL USE ONLY**

Ent' d/QB: \_\_\_\_\_

Line Item #: \_\_\_\_\_

Check #: \_\_\_\_\_

Dt Prt' d/Mailed: \_\_\_\_\_