



MEDICO-CHIRURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA, INC.
REQUEST TO INITIATE VOUCHER FOR DISBURSEMENT

Date: _____ Office of: _____

Amount Requested \$ _____

Budgeted Amount \$ _____

Pay to the Order of: _____

Mail Check to: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for Request: (must complete)

Requested By: _____ Approved by: _____

President

Issued By: _____ Check #: _____ Date: _____

Treasurer

PLEASE SUBMIT TO THE EXECUTIVE SECRETARY AND FINANCIAL OFFICER
(Along with Receipts and/or Invoice)