



**The Council of Neighborhood Associations of South Pinellas County**  
P. O. Box 13693, St. Petersburg, Florida 33773

Funds Disbursement / Authorization Form

Make payment to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Description:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total amount of payment \$ \_\_\_\_\_

Charge to: General Funds Account                      CONA Leadership                      (check one)

Requested by: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: President                      VP                      Secretary                      Per EC Minutes                      (check one)  
(Pre-Authorized)

Notes or Comments: \_\_\_\_\_

If receipt is missing check this box \_\_\_\_\_ and provide explanation above.

Attach original receipts and additional supporting data for reimbursement; payment will not be issued without documentation.

Hand deliver or mail payment requests with authorized signature and receipts to:  
CONA, PO Box 13693, St. Petersburg, FL 33733. Persons authorizing payment must be someone other than the person requesting the funds.

*To be completed by Treasurer or authorized Officer issuing the payment:*

Paid by: Check                      Debit Card                      Cash                      Other: \_\_\_\_\_                      (check one)

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Name: \_\_\_\_\_ Initials: \_\_\_\_\_