

**FORM 6**  
**American Accounting Association**  
**Disbursement of Funds**

Section/Region/Group: \_\_\_\_\_

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

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

Payee:

\_\_\_\_\_

*(Please type or print)*

Mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Reimbursement:

\_\_\_\_\_  
Please attach original invoices and receipts.  
\_\_\_\_\_

Total Amount of Check:           \$ \_\_\_\_\_

G/L Accounts to be Charged:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____