

**Appendix 3: Disbursement Authorization**

Language Teachers Association of Zambia

**Request and Authorization for Disbursement**

Date of Submission: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_  
Day Month Year

To: LATAZ TREASURER

From: Name: \_\_\_\_\_ Division: \_\_\_\_\_  
Position: \_\_\_\_\_ Signature: \_\_\_\_\_

For: *(Describe items or purpose of the request. Submit a separate request form for each budgeted category.) (Attach receipts if currently available)*

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

Is this a budgeted item in the division's currently approved budget? Yes  No

Budget Category (Number & Name): \_\_\_\_\_ / \_\_\_\_\_

Approved Budget Category Total: \_\_\_\_\_

Total of Previous Disbursements: \_\_\_\_\_

Total Amount of This Request: \_\_\_\_\_

**PAY AS FOLLOWS**

Account Holder's Name (as in bank book): \_\_\_\_\_

Bank Name & Sort Code, or "Cash": \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

*(If the amount of request is greater than ZMW1,000 if not a budgeted item, or if over budget, the support of 3 Executive Committee Members is required – either by signature below or by email message to be attached.)*

Signature or Name	Executive Committee Position
_____	_____
_____	_____
_____	_____

Approved by \_\_\_\_\_

**Treasurers use only**

Amount of Disbursement: _____	Payment Method: Cash / Transfer / Mobile
Disbursement Date: _____ / _____ / 20____	Receipts Received: Yes / No / N/A
Sign/Seal: _____	