South Texas Unit - The Herb Society of America

P.O. Box 6515, Houston, TX 77265-6515



Check Request

<u>Mail to:</u> Maria Treviño 702 Mosby Circle Houston, TX 77007

| Amount of Check: \$ | | Date Requested: MM/DD/YYYY |
|--|---------------|------------------------------------|
| Make Check Payable to: | | |
| Address to Mail Check: | | |
| City, State, Zip: | | |
| STU Member Submitting Request: | | |
| Telephone (if any questions): | | |
| If expenses submitted are for multiple purposes, please break out the individual costs and describe below. | | |
| Description: | Amount: \$ | Event or Purpose of this Purchase: |
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| Description: | Amount: \$ | Event or Purpose of this Purchase: |
| Description: | Amount: \$ | Event or Purpose of this Purchase: |
| For Treasurer's Use Below | | |
| | | Date of Check: |
| Amount: | | Account: |

All check requests must be accompanied by appropriate receipts and/or invoices to be considered for payment/reimbursement.