



Reimbursement/Check Request Form

Requester Fills in this Section

Date of Request: _____

Person Requesting: _____

Make Check Payable To: _____

Amount of Check: _____

Purpose: _____

If more detail is needed please use the back.

Signature of Requestor: _____

Note: If the item has already been purchased, please attach a copy of the receipt(s) to this form. Otherwise provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in the purchaser having to incur the expense. Signature of the president is required before the treasurer will issue the check.

Approval: _____

Date: _____

Official Use Only:

Date Received: _____ Date Check issued: _____ Check #: _____

Expense Category: _____

Comments: _____

Signature: _____ Date: _____