



REIMBURSEMENT / CHECK REQUEST

DATE: _____

Office/Committee: I _____

Submitted By: _____

Make Check Payable to: _____

If different from person submitting request.

Budget Amount _____

Less Previous Reimbursements \$ _____

Balance in Budget \$ _____

Item	Amount
Total This Request:	

Less This Request \$ _____

Projected Balance \$ _____

Please attach receipt(s). If this is for prepayment, forward a receipt or 'PAID' invoice to the Treasurer as soon as possible after the transaction is complete.

Return To:

Officer/ Comm. Chair Signature: _____

Executive Director's Signature: _____

Aug-13