



Reimbursement/Check Request

Requestor Name: _____

Phone: _____

Date Submitted: _____

Date Check Requested: _____

Check Amount: _____

(Sales Tax is not reimbursable)

Check Payable To: _____

Address: _____

Event: _____

Description of Items
Purchased: _____

-Required-

Chairperson

Approval Signature: _____

(Checks will not be issued unless there is an approval signature of a person other than the person the check is payable to.)

Please attach copies of all invoices and receipts.