



**Check Request Form/Reimbursement Request  
(Please complete all sections)**

Select one:     Check Request     Reimbursement

Date \_\_\_\_\_

Requested by \_\_\_\_\_

Paid to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Amount \_\_\_\_\_ Date of Expense \_\_\_\_\_

For \_\_\_\_\_ Event \_\_\_\_\_

Receipt Attached (for reimbursements)

Budget Category \_\_\_\_\_

Comments \_\_\_\_\_

Requested by (Signature) \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_