



Check Request/Reimbursement Form

REQUESTOR INFORMATION

Name: _____ Phone/email: _____

VENDOR INFORMATION

Payable to: _____ Date check needed: _____
Address: _____ Phone/email: _____

PAYMENT DESCRIPTION

Reason for check	Budget line	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT REQUESTED: \$ _____

If this is not a budgeted item, at what date was this expenditure approved? Changes to budget items greater than \$300 must be approved by your general membership. Date approved: _____

TREASURER'S USE ONLY

Signature of check-signer #1 (e.g., President): _____ Date: _____

Signature of check-signer #2 (e.g., Treasurer): _____ Date: _____

Check # / payment method: _____ Amount: \$ _____ Notes: _____

Date: _____ (Note: No reimbursement or payment is allowed without a receipt or invoice attached.)