Location:	
Date:	

Check/Reimbursement Request Form

- All Receipts must include ONLY business-related purchases and MUST NOT include personal purchases.
- All Restaurant-related receipts must include a detailed food served & receipt of payment method.
- All Purchases must have prior written authorization.
- All Receipts must include the date of purchase, and payment method used

Requestor Information

Payee Name:		**To ensure proper reimbursement, please complete the contact information below.**	
Address:		⬜ Office Pickup ⬜ Mail	Phone:
City:	State:	Zip:	Email:

Expense Information

****All check requests must have original receipts****

Expense Date	Paid To	Description	Amount	Prior Approval
				⬜ Yes ⬜ No
				⬜ Yes ⬜ No
				⬜ Yes ⬜ No
				⬜ Yes ⬜ No
				⬜ Yes ⬜ No
				⬜ Yes ⬜ No
				⬜ Yes ⬜ No
				⬜ Yes ⬜ No
				⬜ Yes ⬜ No
				⬜ Yes ⬜ No
		Total Amount Requested:		

Payee's Signature:	**BusinessManager:**
Authorized Signature:	