

**CHECK REQUEST/ REIMBURSEMENT FORM**

Payee: \_\_\_\_\_

Amount: \_\_\_\_\_

Reason: \_\_\_\_\_

Budget Line Item Number: \_\_\_\_\_

Where to send Check:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Check is needed: \_\_\_\_\_

○ CHECK REQUESTS:

Have you attached all invoices, correspondence, forms, or documentation to be submitted with payment?

○ REIMBURSEMENTS:

Have you attached all receipts/ proof of purchase to support reimbursement?

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(For Treasurer's Use Only):

Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Date Sent: \_\_\_\_\_