

CHECK PAYMENT/REIMBURSEMENT REQUEST FORM

DATE _____

Name of requestor: _____

Committee/Program to be charged: _____

Please issue a check payable to:

In the amount of: _____

In payment for: _____

Mail check to payee at: _____

Please put check in my box: _____

Signature of requestor: _____

Approval: _____

Date: _____

Check No. _____

Date Paid: _____

Account No. _____

Provide receipts, shippers and/or invoices with request

Form must be completed and approved before payment can be made.

Requests must be submitted by 3:00 PM Tuesday.

Checks are normally issued on Wednesday morning.