

Check Request



Instructions

- List each item for reimbursement in the column below and enter the total amount of the reimbursement request.
- Staple **original receipts** and/or other documentation to the back of this form.
- Keep a copy for your records.
- Submit original and one copy to the Director in charge of the event for their signature.
- Reimbursement to a vendor for services performed requires their SS# as they may receive a 1099. When applicable, that number is: _____

Event: _____	List Receipts	Date of Event: _____
Reason for request:	\$ _____	Price Per Person: _____
	\$ _____	Date of Request: _____
	\$ _____	Requested by: _____
	\$ _____	Position: _____
	\$ _____	Director: _____
Total reimbursement request: \$ _____		signature

Payable to: _____		
Address: _____		
City: _____	State: _____	Zip: _____

USE THIS BOX FOR CANCELLATIONS ONLY		
Trip/Event cancellation date:	1st: _____	2nd: _____
Date member cancelled:	_____	
Amount paid by member: \$ _____	Recommended refund: \$ _____	
DIRECTORS/BOARD USE ONLY		
Penalties assessed: \$ _____	For: _____	
<i>NOTE: Cancellation refunds less than \$10.00 will not be issued.</i>		

Submit the original and one copy to the Director.

Treasurer's Use Only	Date Paid	Check #
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