

**REQUEST FOR CHECK**

Date of Request \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Date Needed \_\_\_\_\_

Payable to \_\_\_\_\_

Address \_\_\_\_\_

Return to: \_\_\_\_\_

Detailed description or explanation for expense:  
\_\_\_\_\_  
\_\_\_\_\_

Mail to: \_\_\_\_\_

Expense Reimbursement (**attach all receipts**)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FUND MANAGER NAME (please print)  
Budget Expense Line 1 (# or Name / Amount)  
Budget Expense Line 2 (# or Name / Amount)

\_\_\_\_\_  
FUND MANAGER APPROVAL (signature)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Business Manager Name (please print)

\_\_\_\_\_  
Business Manager Approval (signature)

**FOR TREASURER'S USE ONLY**

Date Paid \_\_\_\_\_ Ck# \_\_\_\_\_ Ck Amt \_\_\_\_\_ Initials: \_\_\_\_\_

Date Mailed/Delivered \_\_\_\_\_ Notes: \_\_\_\_\_

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