

Check Request Form

*When completed, please put this form in the **BLUE "Check Requests"** folder in Finda Kamanda's section of this drawer.*

Request Type: **Reimbursement** OR **Payment/Invoice**

Delivery Method: **Mail** **Check Pick Up Folder** **Other Folder** _____
Folder Name

Make Check Payable to (Name of Payee): _____

Mailing Address, if applicable: _____

Amount of Check: \$ _____ (Sales Tax is not reimbursable. Please ensure total is minus sales tax.)

Brief Description of Purchase(s): _____

Operating Expense Line # & Name or Special Fund Name: _____

Requester's Name: _____ Date of Request: _____ / _____ /20 _____

Authorized Signatory: Name (Printed) _____ Signature _____

(See "Authorization to Spend Budgeted Operating Funds & Special Funds" list posted on the Workroom Bulletin Board.)

***Note: If there is more than one receipt, please complete the details on back.
 Please complete separate check requests for more than one budget line or fund.***

Receipt Listing

Please list below each receipt and the amount to be reimbursed. *If not all items are to be reimbursed, please list the items to be reimbursed (if not too long) below, and highlight these items on the receipt.*

Receipt Date	Company or Store Name	Item(s)	Reimbursement Amount
TOTAL			