

CHECK & REIMBURSEMENT REQUEST
FORM

Date: _____

Person Requesting Check: _____

Activity: _____

Description: _____

Amount: \$ _____

To receive a reimbursement a receipt must accompany this request. Request needs to have committee approval before reimbursement can be made.

For Committee use only:

Date: _____

Committee Approval: _____

Committee Denial: _____

Reason: _____
