

Check Request/Expense Reimbursement

Date Requested:\_\_\_\_\_\_\_\_\_\_\_ Date Needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept:\_\_\_\_\_\_\_\_\_\_\_

Amount of Check:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Receipt or Invoice Must be Attached)

Check Payable To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this item included in your budget? Yes:\_\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_

Budget Line Item:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only:

Check No:\_\_\_\_\_\_\_\_\_\_\_\_\_ GL Account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Entered:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Mailed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_