

CHECK REQUEST

Please sign and attach receipts. Include expense description and account distribution information (available from reimbursement authorizer). Authorized signature not required for expenses up to \$100 with receipts. Please allow 1 week for reimbursement.

TODAY'S DATE _____ DUE DATE _____ CHECK TOTAL _____

PAYABLE TO _____

ADDRESS _____

DESCRIPTION _____

AUTHORIZED BY

ACCOUNT DISTRIBUTION

SPECIAL INSTRUCTIONS:

ACCT #	AMOUNT

CHECK REQUEST

Please sign and attach receipts. Include expense description and account distribution information (available from reimbursement authorizer). Authorized signature not required for expenses up to \$100 with receipts. Please allow 1 week for reimbursement.

TODAY'S DATE _____ DUE DATE _____ CHECK TOTAL _____

PAYABLE TO _____

ADDRESS _____

DESCRIPTION _____

AUTHORIZED BY

ACCOUNT DISTRIBUTION

SPECIAL INSTRUCTIONS:

ACCT #	AMOUNT