



**Check Request - Administrative**

Name \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Work Telephone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

*(Please include telephone numbers for Treasurer to call to resolve questions.)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

**A) Reimbursement**

Date	Paid To	Description of Purchase	Amount
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total Amount to be Reimbursed</b>			<b>\$</b>

*Receipts must be attached.*

**B) Vendor Payments**

Date	Payee	Payee Address	Description of Purchase	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$

*Invoice must be attached.*

*Submit this form with receipts/invoices to the Treasurer. DO NOT include any event expenses on this form.*