



REIMBURSEMENT REQUEST

Name of Person Requesting Check: _____

Are you a: Team Leader Committee Chair Staff BOT?

Send check to this Address: _____

If you did not check a box after your name you are **required** to get pre-approval by one of the above.

Print Name & Signature: _____ Date _____

ITEM/DESCRIPTION	AMOUNT	CHART OF ACCOUNTS NUMBER - Required
TOTAL AMOUNT		

**Check Budget with Line Items for the Account Number.
 Place this request in Treasurer's Mailbox in Admin Offices.
 Please **attach receipts** or invoices to this reimbursement request.**

For Treasurer Use

Check # _____ Date _____