Expense Reimbursement Request

Date of request: _____ Amount of Check:_____

Make Check Payable to:_____

☐ ACH

☐ Mail Payment

☐ Hold for Pickup

Mailing Address: _____

_____

Charge against Budget Area/Line Item: _____

Reason for Request (Attach Receipts): _____

Person Making Request (print name): _____

Signature of Person Making Request: _____

Finance Committee Approval Signature: _____