

**Expense Reimbursement Request**

**Date of Request:**

**Amount of Check:**

**Make Check Payable to :**

Mail Payment	<input type="checkbox"/>
Hold for Pickup	<input type="checkbox"/>
ACH	<input type="checkbox"/>

**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:**