

Check Request

Date Request: _____

Person Requesting: _____

Make Check Payable to: _____

Amount of Check: _____

Purpose or reason for reimbursement, (please describe services rendered and attach receipts for purchases made).

| Item Purchased | Purpose/Reason | Date | Cost |
|----------------|----------------|------|------|
| | | | |
| | | | |

For mileage list destination and total mileage.

| Destination | Mileage |
|-------------|---------|
| | |
| | |

Charge budget line item or exchange account

Signature of person authorizing expenditure:

Approval Date: _____

Paid Date: _____

Check # _____