

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 # _____