



Date:

Please issue a check for the following (check one)

- Reimbursement of Expenses
 Request for Paying speaker/vendor

Pay to the order of: (print)

Mail to:

Summary of Activity or function:

Itemized cost*	Amount

Total amount payable _____

Attach receipts for all items/Enclose invoice.

Requested by:

Print Name: _____ Signature _____

Phone/E-mail _____

This Section is for Treasurer's Use Only:

Budgeted Category

Check Number

Date: