

# Check Reimbursement Request Form

Department charged for expenditures \_\_\_\_\_

Name of Department head: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Receipts:

*Please number each receipt, show date of receipt and dollar amount. And please attach all numbered receipts to this form.*

Receipt No.	Date of receipt	Receipt total (includes taxes)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grand total of all receipts: \_\_\_\_\_

Reimbursement:

*Check reimbursement request amount must equal "Grand total" above.*

Make check payable to: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Signature of person requesting reimbursement: \_\_\_\_\_

Contact information for person requesting reimbursement, if any questions: (email, phone, etc.) \_\_\_\_\_

Signature of department head: \_\_\_\_\_

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*For official use only:*

Paid to: \_\_\_\_\_ Total payment: \_\_\_\_\_

By check number: \_\_\_\_\_

Date check issued: \_\_\_\_\_

( ) General fund

( ) Activity Fund