



## Check / Reimbursement Request Form

DATE SUBMITTED:	TYPE OF REQUEST:
CHECK PAYABLE TO:	<input checked="" type="checkbox"/> Check for Reimbursement (attach receipts)
AMOUNT:	<input checked="" type="checkbox"/> Cash/change for event
MAILING ADDRESS:	<input checked="" type="checkbox"/> Disbursement for purchase (attach bill)
REQUESTOR'S NAME:	<input checked="" type="checkbox"/> Scholarship (per committee report)
REQUESTOR'S PHONE:	EVENT / PROJECT:
REASON FOR REQUEST:	

NOTE: Receipt(s) totaling the amount of reimbursement must be attached. If this is a bill to be paid, attach the bill or proforma invoice for purchases approved by PARTS.

APPROVED BY (PARTS OFFICER):	DATE
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<b>TREASURER'S USE ONLY</b>	
DATE PAID:	CHECK NUMBER:
	<input checked="" type="checkbox"/> DATE MAILED:
	<input checked="" type="checkbox"/> DATE DELIVERED: