

# Check Reimbursement Form

Information of person requesting funds:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone # \_\_\_\_\_

To whom is the check to be made payable to: \_\_\_\_\_

Amount requested for reimbursement: \_\_\_\_\_

Please describe what was purchased and how it was used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what event/activity were the items purchased ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**For Club Treasurer's Use:**

Was above expenses approved in the budget or previous meeting? \_\_\_\_\_

If amount of expense is above the approved budget, how much above budget?

\_\_\_\_\_  
If the expense wasn't approved in the budget in which month's minutes was the expense or amount over budget approved? \_\_\_\_\_

Date the check was written \_\_\_\_\_

Check # \_\_\_\_\_

Approved by \_\_\_\_\_

For the Amount of \_\_\_\_\_

**NO Checks will be issued without receipts attached to this form.**