**RIOT Theatre Boosters Reimbursement and Check Request Form**

Payable to: Date Needed:

Address: Phone:

Check Requested by: Date:

Invoice #:

Amount $: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(You MUST attach invoice or receipt or provide explanation below)**

Budget Approval/Line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer’s Signature: \_

President’s Signature:

Notes:

**Treasurer’s Notes**

Check #:

Amount of

Check: