



CHECK PAYMENT / REIMBURSEMENT REQUEST

Please complete the upper portion of this form and submit to your administrator for approval. (The administrator will assign budget information and forward on to the Finance Department for check issuance). **Attach reimbursement receipts.** Allow at least one week for processing *unless you have a special request.* (Staff reimbursements are processed at the end of each month).

Date:

Amount: \$

Payee:

Requested by:

Explain reason for request and any special instructions below:

Budget account to charge: _____

Purchase authorized by: _____

Received by Finance: _____