

REIMBURSEMENT/PAYMENT REQUEST

ONE CHECK PER VOUCHER

TO BE COMPLETED BY MEMBER REQUESTING CHECK				
REQUESTED BY		DATE REQUESTED		
MAKE CHECK PAYABLE TO				
ATTENTION				
MAILING ADDRESS	CHECK WILL NOT BE ISSUED WITHOUT PAYEE'S ADDRESS			
RECEIPT ATTACHED	YES	NO	SIGNATURE REQUIRED IF NO RECEIPT	<input type="checkbox"/> SIGNATURE REQUIRED IF NO RECEIPT
COMMITTEE/PROJECT/EVENT	BUDGETED LINE ITEM			AMOUNT
TOTAL CHECK AMOUNT				▶▶▶▶▶

AUTHORIZATION (CHECK MUST BE APPROVED BY TWO BOARD MEMBERS, OTHER THAN TREASURER)		
COMMITTEE CHAIR SIGNATURE	COMMITTEE CHAIR NAME (PLEASE PRINT)	DATE SIGNED
<input type="checkbox"/>		
BOARD MEMBER SIGNATURE	POSITION (CIRCLE ONE)	DATE SIGNED
<input type="checkbox"/>	PRESIDENT PRESIDENT-ELECT VICE PRESIDENT PAST PRESIDENT SECRETARY SERGEANT-AT-ARMS DIRECTOR	
<input type="checkbox"/>	PRESIDENT PRESIDENT-ELECT VICE PRESIDENT PAST PRESIDENT SECRETARY SERGEANT-AT-ARMS DIRECTOR	

TREASURER'S USE ONLY			
ACCOUNT	CHECK NO.	DATE ISSUED	TREASURER'S SIGNATURE
0110 8611			<input type="checkbox"/>
NOTES/COMMENTS			