



Reimbursement Request

(Please attach invoice if applicable)

Requested by: _____ Date: _____

Total amount: \$ _____

1. Account #: _____ Amount \$ _____

Description: _____

2. Account #: _____ Amount \$ _____

Description: _____

3. Account #: _____ Amount \$ _____

Description: _____

4. Account #: _____ Amount \$ _____

Description: _____

Check made payable to: _____

Address: _____

This is a check the type of disbursement requested):

Reimbursement request

Accounting adjustment

Check request to a vendor

Petty cash replenishment

Child care payment request

Cash Advance Request

Other (please explain): _____

Account Approval check if required):

Responsible Committee: _____

Committee Chair: _____ Date: _____

Finance Committee Signature: _____ Date: _____

Session Approval: _____ Date: _____

Staff Approval: _____ Date: _____

Comments: