

# Check Request

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

Requestor: \_\_\_\_\_

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

Purpose of Reimbursement/Check (Related Activity):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Receipts associated with this check: \_\_\_\_\_

Total dollar amount for each receipt:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Payable to:  
\_\_\_\_\_

Receipts Validated by: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check signed by: \_\_\_\_\_

Check received by: \_\_\_\_\_

Budget Category: \_\_\_\_\_

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Committee Chair must authorize all check requests.

\_\_\_\_\_  
Committee Chair - Fayne Bouguyon  
Signature

Date \_\_\_\_\_