

Please fill out and submit form to Leticia Hernandez-Huerta

Reimbursement/Check Request Form

Date of Submission: _____ By _____

(Person requesting check)

Pay Check to the order of _____

(All checks must be cashed within 90 days of date of issue.)

For: (Staple receipts to back)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Grand Total \$ _____

For Treasurer's use only:

Check# _____ Date: _____ Amount: _____

DR to account(s): _____