



## REIMBURSEMENT / CHECK REQUEST

DATE: \_\_\_\_\_

PAY TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Administrator's Signature

**Reimbursement Requests:** Please make sure to return a detailed receipt listing all items needing to be reimbursed. Reimbursement will not be granted for sales tax or items without supporting proof of purchase.

**Check Requests for Independent Contractors/Vendors:** Please make sure that a detailed invoice is attached describing items purchased or services provided. The Business Services Office will need vendor legal name, mailing address, and tax id number (social security number for individuals) for all new vendors.