



Check and Reimbursement Request Form
RECEIPT MUST BE STAPLED TO THIS FORM

Name _____ Title _____	
Date of request _____	
Budget from which the expenditure should be deducted _____	
Amount of the expenditure:	\$ _____
Check Requested? (circle)	Yes No
Check to be made out to: _____	
Explain below the reason for request and description of item(s) being purchased and/or reimbursed. Please staple the purchase receipt to the back of this form.	
If requested by anyone other than the VP to whose budget the expense will be charged, that VP must approve the expenditure	
Approved by _____	Office _____
<u>For Hillel Staff use only:</u>	
Issued check #: _____	Check issue date: _____