Name: Click here to enter text.

Date: Click here to enter a date.

Please make **Cheque** payable to: Click here to enter text.

Phone number: Click here to enter text.

Address (if **Cheque** is to be mailed):

Click here to enter text.

Click here to enter text.

Click here to enter text.

Please fill out the following:

|  |  |  |
| --- | --- | --- |
| **Date** | **Item Description** | **Amount to be Reimbursed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total:** |  |
| **NOTES**:  |

Name of person requesting cheque: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person requesting cheque:

Authorized by:

Comments: