

CO-CURRICULAR
REVOLVING CASH FUND
REIMBURSEMENT CHECK REQUEST FOR
OUT OF POCKET EXPENSES

DATE: _____

TO: Business Services
A-102

FROM: _____
(Name)

(Department, Title and Mailbox #)

PURPOSE

(State purpose of reimbursement and attach supporting documents)

PAYEE: _____
(Make check payable to (name, address, or mailbox #))

Budget Number(s) to Charge:

Dollar amount per budget number to charge

____ - ____ - _____ - ____

____ - ____ - _____ - ____

Total Amount:

Mailing Instructions:

Call ext. _____ when check is ready for pick up.

Mail to mail-box or address indicated above.

Other: _____

Permission to Purchase Items with Personal Funds Granted By:

Dept. Chair or Supervisor's Approval: _____

Dean's Approval: _____