

**ALL ABOUT ART CLUB  
CHECK REQUEST/REIMBURSEMENT FORM**

DATE:	(mm/dd/yyyy)
AMOUNT:	
NEED BY:	
PAYABLE TO:	
REQUESTED BY:	
SIGNATURE OF REQUESTOR:	
DESCRIPTION OF EVENT OR PURPOSE:	

ITEM	DESCRIPTION	AMOUNT
	<b>TOTAL</b>	

Attach all receipts totaling reimbursement request. If there is a vendor invoice list total and say "See attached." Please double check totals. Treasurer will correct any miscalculations and pay accordingly.