ALL ABOUT ART CLUB
CHECK REQUEST/REIMBURSEMENT FORM

DATE:
AMOUNT:
NEED BY:
PAYABLE TO:
REQUESTED BY:
SIGNATURE OF REQUESTOR:
DESCRIPTION OF EVENT OR PURPOSE:

ITEM	DESCRIPTION	AMOUNT
	TOTAL	

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.