

# Pack 320

## Request for Reimbursement & Vendor Check Request

e24

*Attn: Stacy Bishop, Treasurer*

**\* Please complete Sections I or II and Section III**

### Section I - Request for *Reimbursement* (please print)

*Please attach all receipts to this form*

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursement Amount: \$ \_\_\_\_\_

Reason for Request (i.e.Event): \_\_\_\_\_

**OR**

### Section II - Check Request for *Vendor* (please print)

*Please attach vendor invoice to this form*

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

Invoice Amount: \$ \_\_\_\_\_ Date Needed: \_\_\_\_\_

Payable to: \_\_\_\_\_

Reason for Request (i.e.Event): \_\_\_\_\_

**AND**

### Section III - Authorization

Requested by: \_\_\_\_\_  
Your Signature

Authorized by: \_\_\_\_\_  
Treasurer's Signature

Return Payment to: \_\_\_\_\_  
Contact Ph. Number: \_\_\_\_\_

*Do not write below this line*

Reimbursed to: \_\_\_\_\_ Receipt/Invoice?  Date: \_\_\_\_\_  
Check No. \_\_\_\_\_ Initials: \_\_\_\_\_ Reference #: \_\_\_\_\_