

Check Request and Reimbursement Form

To be completed by NEC staff or volunteer:

* Please attach original receipts or invoices

Date Submitted: _____

Check payable to: _____

Address: _____

City: _____ St: _____ Zip Code: _____

Check one: Reimbursement Expense for Product Expense for Services

Description of Expenses: _____

To be completed by authorizing Director:

* Please verify receipts and totals

* Please verify projects, departments and account codes within your departments only

Date authorized: _____ / _____ / _____ Date needed: _____ / _____ / _____

Director Signature: _____

Special Instructions: _____

Project: _____ Fund: _____ Department: _____ Account: _____ Amount: _____

Project: _____ Fund: _____ Department: _____ Account: _____ Amount: _____

Project: _____ Fund: _____ Department: _____ Account: _____ Amount: _____

Project: _____ Fund: _____ Department: _____ Account: _____ Amount: _____

* Please allow up to two (2) weeks for reimbursement