**TRILLIUM CREEK PT A**

**REIMBURSEMENT / CASHBOX CHECK REQU ES T FORM**

\*\*\*Check Requests Must Be Complete with Receipts/Invoice and approvals prior to submission to the Treasurer\*\*\*

**+PLEASE ADD YOUR RECEIPTS UP WITH A CALCULATOR AND PROVIDE TAPE OR AN EXCEL SPREADSHEET+**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Committee:

Purpose/Budget Item:

Budgeted Expense: Yes No

Original Itemized Receipt/Invoice Attached: Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cashbox Request: Yes No**

**Date Need By: \_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Check Payable To:*

*(First Name, Last Name or Company Name)*

*(Street Address) Only needed if check needs to be mailed.*

*(City, State, Zip Code)*

*(Telephone Number)*

|  |  |
| --- | --- |
| **Requestors Signature:** |  |
| **Approval**  **Committee Chair:**  *(if committee expense)* |  |
| **Board Member:** |  |

*\*\*\* For Treasurer Processing Only Only use if check stub is not attached )\*\*\*\**

Treasurer Signature: Check #: Date Paid:

*Revised 8/31/2016*