UUCT

AUTHORIZATION

F O R

REIMBURSEMENT REQUEST

(This form is for when a check needs to be made out to an individual who has already paid for an item or items.)

Attach receipts.

Account/Line Item	Description	Amount	Subtotal
		7/10	
		Total:	\$
Check to be made out to: Name:			
If check is to	be mailed, enclose a stamped, self-address	ed envelope.	
Name and signature of person requesting check:			
Signature & title of	board member authorizing payment reques	t:	
Name	Title		