



# CHECK/REIMBURSEMENT REQUEST FORM

Date of Request: \_\_\_\_\_

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

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mail check to address above  Hold check until next RHSF board meeting

**Please attach all receipts, estimates, proposals & contracts and detail the purpose and use of the money so proper accounting can be made for the funds:**

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

Committee: \_\_\_\_\_

Requesting Member Signature: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**If you have any questions, please contact:  
Carrie Werdine, Treasurer at [fwerdine@verizon.net](mailto:fwerdine@verizon.net)**

**Please scan in check request and receipts and email to [fwerdine@verizon.net](mailto:fwerdine@verizon.net)**

*This section to be completed by Treasurer*

Check Amount: \$ \_\_\_\_\_ Chk#: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Date Pd: \_\_\_\_\_

Check Payable to: \_\_\_\_\_ Committee Acct Charged: \_\_\_\_\_

Date Check Cleared: \_\_\_\_\_ Account Reconciled: \_\_\_\_\_ Initials: \_\_\_\_\_