



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: Deborah Barnes,
Treasurer at Dbarnes@rwbaird.com

Please scan in check request and receipts and email to Dbarnes@rwbaird.com

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: _____