



CHECK REQUEST and REIMBURSEMENT FORM

Check Requested By _____ Date _____

Phone Number _____ Email _____

Committee: Business Operations Activities Decorations

Subcommittee: _____

Check Payable to _____ Date Needed _____

Payee Address _____

Summary of Expenses:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total (Amount of Check) \$ _____

Signatures: Committee Chair _____

Grad Night Chair _____

Please complete the information above and obtain Committee Chair's signature.

Then mail this form along with any receipts, bills or invoices to:

Davis Grad Night
P. O. Box 2143
Davis, CA 95617

Submit requests for reimbursements as soon as possible, and in no event after June 30.

Reimbursement requests after June 30 may be rejected.

TREASURER'S USE ONLY

Date Paid _____ Check Number _____

Budget Category _____ Amount _____