

RICHARDSON AREA ORCHESTRA CLUB

CHECK REQUEST / REIMBURSEMENT VOUCHER

Requested By: _____ Date: _____

Make Check Payable To: _____

Address: _____

Contact: _____

INSTRUCTIONS:

1. If your receipt/invoice reflects more than one budget account, please identify each account and the corresponding amount.
2. To be reimbursed for your expenses, you must attach receipts to this check request. To request payment of a vendor's bill, attach an invoice.
3. Unless otherwise indicated, vendor payments will be mailed directly by the treasurer.

ITEM	ACCOUNT	AMOUNT
TOTAL REQUESTED: \$		

Approved By: _____
President/Director

Treasurer

PAYMENT INFORMATION

CHECK NUMBER: _____ AMOUNT: _____ DATE: _____