

# CERRO VILLA PFSO

## Check Request Form

Authorized Expenditure

Check #: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

### EXPENSE REIMBURSEMENT REQUEST

PAYABLE TO: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_

Disbursement Detail		
ITEM DESCRIPTION	PROGRAM/ACTIVITY TO CHARGE	AMOUNT
TOTAL:		\$

Are receipts attached? Yes No If not, please explain: \_\_\_\_\_

Committee Chairperson approval for payment (if necessary): \_\_\_\_\_

COMMENTS/NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_