



Check Request Form

For Reimbursement:

1. Email the completed form as a pdf, along with a jpeg/pdf of receipts, to: **treasurer@fisherhsc.org** and cc: **president@fisherhsc.org**.
2. Please note that all requests for reimbursement are due no later than one month after the event has occurred.
3. If check request is urgent, please contact treasurer directly for soonest available date.

Requester Information:

Name:	
Email:	
Phone Number:	

H&SC Committee/Position:	
Date of Request:	

Make Check Payable To:

Name:	
Email:	
Phone Number:	

Company:	
Address:	

Check Information:

Requested Amount:	\$
Description of Expense:	

Additional Information:

Requestor is RJF Staff Preferred Delivery Method: Mail Office Pick Up Receipts Attached:
 (If checked request requires Principal signature): RJF Principal Signature: _____

----- **Below is for use by the Treasurer** -----

President/Co-Treasurer Approval: _____ Check #: _____