

REIMBURSEMENT CHECK REQUEST

Request Date: _____

Date Check Needed: _____

Requested by: _____

Total: _____

Please List Receipts Separately:

<u>Store Where Purchase Made:</u>	<u>Receipt Attached</u>	<u>Amt:</u>	<u>Acct / Purpose:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	\$ -	_____
_____	_____	\$ -	_____
_____	_____	\$ -	_____

JSTA is a NON-PROFIT organization. We request use of our tax exempt form (if accepted by vendor) when making purchases for the team.

Explanation for missing receipt(s):

Total Receipts: \$ _____ -

Was an advance given (list check # _____ and amount)? \$ _____ -
(Do not include any Petty Cash Advances)

Total Due: \$ _____ -

Make Check Payable To:

Name: _____

Address _____

City, ST, Zip _____

Special Instructions: _____
