SECPTA CHECK REQUISITION / REIMBURSEMENT FORM

| | hecks will only be mailed if requested. Otherwise, pick up at meeting out the substitution of the health of the substitution o | or make arrar | gements with treasurer. | | |
|------------------|--|---------------|-----------------------------|--------|--------------------------------------|
| | asim expenses no rate man so days are me orom date. | | | | |
| Name: | | | Make Check Payable to: | | |
| Email: | | | Mail Check to this Address: | | |
| Phone: | | | ☐ mail check | | |
| | | | | | 1 |
| Date of Event | Description of Expense | | Committee / Officer | Amount | Attached Original Receipt / Invoice? |
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| | | | SUBTOTAL | |] |
| Signature | | Date | | | 1 |
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| | FOR TREASURER USE ONLY | | | | |
| DATE PAID: | | | | | |
| AMOUNT PAID: | | | | | |
| CHECK #: | | | | | |
| BUDGET LINE REF: | | | | | |