

BLACKOUT LEATHER PRODUCTIONS

CHECK REQUEST / REIMBURSEMENT REQUEST FORM

Requested By: _____

Date: _____

Check Made Out To: _____

Event / Purpose Of Check: _____

Are Receipts Attached? YES / NO

If Not, Why? _____

ITEMIZED LIST OF RECEIPTS

DATE	SUPPLIER	ITEM / DESCRIPTION	COST
		TOTAL	

For Reimbursement Payment Request - Sign and date form

Signed: _____

Date: _____

For Treasurer's Use Only

Approved: Check #:

Date Paid: