

Funding Request – Check / Cash

Fill out the form below completely. All receipts should be attached to the form and turn form in to the secretary for reimbursement.

Date _____

Department _____

Approver Name _____

Submitted by _____

Phone _____

Email _____

Department Approver _____

Signature _____

Description of Purchase	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Treasurer Use Only					
<input type="checkbox"/>	Check Number	<input type="checkbox"/>	Cash	Amount	Date
Approved By		_____			
_____		_____			
_____		_____			