

# Assisteens Reimbursement/Payment Request Form

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Requested by: \_\_\_\_\_

|  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Reimbursement . . . . .                   | Staple receipt to this form |
| <input type="checkbox"/> Charged to Assisteens Debit Card. . . . . | Staple receipt to this form |
| <input type="checkbox"/> Pre-Issue Check. . . . .                  | Staple invoice to this form |

AMOUNT: \$

PAYABLE TO: \_\_\_\_\_

TO RECEIVE YOUR CHECK YOU MUST ATTACH A SELF ADDRESSED, STAMPED ENVELOPE

FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EVENT/  
COMMITTEE: \_\_\_\_\_ APPROVED  
BY: \_\_\_\_\_  
Committee Chairperson

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Assisteens Treasurer:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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Coordinator:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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Adult Treasurer:  
Budget Category: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Check No.: \_\_\_\_\_  
Signature: \_\_\_\_\_ QB Entry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_