

# NAACP SLO BRANCH 1093 REIMBURSEMENT/CHECK REQUEST FORM

*Please print neatly and clearly.  
Requests for reimbursement will not be processed without receipts  
All requests may have to be approved by the Executive Committee before processing  
Hard copy of this form & receipts required  
Only one project or event per form please*

Date of Request: \_\_\_\_\_ Project or Event: \_\_\_\_\_

Details of request for reimbursement or payment:

|               |          |
|---------------|----------|
|               | \$ _____ |
|               | \$ _____ |
|               | \$ _____ |
| <b>TOTAL:</b> | \$ _____ |

Check one of the following:

- Request for personal reimbursement (attach receipts)
- Request payment of invoice from vendor (attach invoice/receipts)
- Request advance payment to vendor (attach signed quote or invoice)

Amount Requested: \$ \_\_\_\_\_ Authorized by: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Mail Check       Hold check for pick-up       e-Check

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Date received by Treasurer: \_\_\_\_\_ President Initial \_\_\_\_\_ Secretary Initial \_\_\_\_\_  
 \_\_\_\_\_ Date approved by Executive Committee \_\_\_\_\_  
 \_\_\_\_\_ Date denied by Executive Committee ( \_\_\_\_\_ )

Check No \_\_\_\_\_ Amount \$ \_\_\_\_\_