Tuscarora Theatre Booster Club

CHECK _____

Request Date _____

Check Request Form for purchase or reimbursement

Merchant (check payable to) _____

Event Requiring Purchase _____

Amount to be Reimbursed/Paid **$_____** Taxes Included? Y ☐ N ☐

Date to be paid by: _____

Committee Sponsoring Event _____

Person Making Request _____

Brief Description of Expense(s) _____

_____

Address to mail check

Street: _____

City: _____

State: _____

Zip: _____

Chairperson's Approval (if needed) _____

Additional Instructions

Please use the back of this form to attach the original receipt(s) for the related expense(s) listed above. For accounting purposes, only one merchant per request. If there are unrelated items on your receipt, please circle the items to be reimbursed. All requests should be submitted to Melina Russell, Treasurer, to be processed within ten (10) days of receipt.

For Treasurer Only

Check Issued _____ Date Issued _____ Amount Paid _____

Date Mailed _____

Notes: