

CHECK REQUEST/REIMBURSEMENT FORM



Payee Information (Note: Independent Contractors must fill out and attach Form W-9)

Payee Name: _____ Address: _____
City: _____ Apt/Suite: _____ State: _____ Zip: _____

Allocation Information

Check Amount: \$ _____ Purpose _____
(Attach all receipts)
Area: Office _____ Services _____ Other (Specify) _____

Cost Center or Network (Specify group home, customer, admin dept. or network)	Account Name (Example: travel, food, advertising, etc.)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Special Instructions

Approval (see spending limitations below)

Requested By: _____ Date: _____
Approved By: _____ Date: _____
(Required for all expenditures-CFO for operations; DOS, AD, or SC for services, Dev Dir)
Executive Director: _____ Date: _____
(Required for expenditures of \$2,000 or more)
Audited By CFO: _____ Date: _____

Spending Limitations: Greater than \$2,000 Executive Director
\$500 - \$1999.999 CFO/DOS/Development Dir
\$251 - \$499.99 Assistant Director
\$250 and under Network Coordinator

For Office Use Only

Account# _____ Amount \$ _____
Account# _____ Amount \$ _____
Account# _____ Amount \$ _____
Account# _____ Amount \$ _____
Account# _____ Amount \$ _____