



Reimbursement Payment Authorization Form

Submission date	
Budget area	
GL Code	
Name of person requesting check	
Purpose of expense(s)	
Amount requested	
Mail check to:	
Address	
City, State, Zip	
Phone	
Email	

Required for Payment

Invoice attached Receipt attached Email attached

Board Member Approval #1

Date

Board Member Approval #2

Date

AoS check #	
AoS check date	
Date mailed	

All requests are subject to approval.
Payment will be made within 30 days of final board approval.
Receipts must be turned in within 30 days of purchase.