



Check/Expense  
Reimbursement Request Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Type of Request (Check one)

- Check Request
- Expense Reimbursement Request

Purpose/Event/Expense

Quantity	Description	Price	Total	Account
Subtotal			-	
Taxes/Shipping			-	
TOTAL			-	

Signature of Person Requesting \_\_\_\_\_

Approval by SGC Treasurer \_\_\_\_\_ Check# Issued \_\_\_\_\_

NOTE: For check requests, please submit original receipts for goods/services as soon as you are able to obtain them. For expense reimbursements, original receipts must be submitted to qualify for reimbursement.