



Check Requisition

PLEASE PRINT CLEARLY

Date: _____

Reimbursement check payable to: _____

Address: _____

City, State, Zip: _____

Phone #: _____

BUDGET CATEGORY	DESCRIPTION	TOTAL
<input type="radio"/> Administration	Supplies _____ Speakers _____ Gifts _____ Parking _____ Postage _____ Printing _____ Membership _____	
<input type="radio"/> Scholarship	Other _____ Parking _____ Gift _____ Supplies _____ Training _____ Other _____	
<input type="radio"/> Benefit	Printing _____ Supplies _____ Flowers _____ Other _____	

TOTAL AMOUNT

Submitted by (if different than above): _____

Phone #: _____

PLEASE REMEMBER TO STAY WITHIN YOUR BUDGET
ALL RECEIPTS MUST BE ATTACHED FOR PAYMENT
THANK YOU

Please mail to: Tina Kreditor
 150 Cleo St #1
 Laguna Beach, CA 92651

For use by Treasurer: Paid by check # _____ Date _____