



Check Requisition

PLEASE PRINT CLEARLY

Date: _____

Reimbursement check payable to: _____

Address: _____

City, State, Zip: _____

Phone #: _____

BUDGET CATEGORY	DESCRIPTION	TOTAL
<input type="radio"/> Administration	_____ _____ _____ _____ _____	\$ _____
<input type="radio"/> Scholarship	_____ _____ _____ _____ _____	\$ _____
<input type="radio"/> Benefit	_____ _____ _____ _____ _____	\$ _____

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 email form and receipts to:

Tina Kreditor, Accounting Associate **Email:** tina.kreditor@gmail.com **Phone:** (949) 439-5293

For use by Treasurer: Paid by check # _____

Date _____