



Check Request Form

This request form must be submitted to the Treasurer within 30 days of the expense and must have all receipts, invoices or vendor order forms attached.

Requested By (Full Name): _____

Signature: _____

Date: _____ Amount: _____

Payable To: _____

Reason for check or reimbursement: _____

Mail To: _____

Other: _____

FOR TREASURER'S USE ONLY:

Authorized By: _____ Check #: _____

Budget item(s) credited: _____

Date: _____

Treasurer's signature: _____

Second signature (required for amounts over \$2,500):

QUESTIONS? Contact the RHSF Treasurer at treasurer@RedwoodHSFoundation.org