

GCFM, INC.

CHECK/REIMBURSEMENT REQUEST FORM

DATE: _____

BUDGET CATEGORY: _____

CHAIRMAN SIGNATURE: _____

MAKE CHECK PAYABLE TO: _____

SEND CHECK TO: _____

ADDRESS: _____

PHONE NUMBER (Required): _____

EXPENDITURES:

Description	Amount
TOTAL REQUESTED	

CHECK # _____ DATE _____ ACCOUNT # _____

1. All receipts must be stapled to this sheet (no loose paper). Keep copies for your records.
2. Provide a second copy of any contract or other material that is to be mailed with the check.
3. Chairmen may not exceed their budgets without approval of the Finance Committee and the Executive Board.