

Payment/Reimbursement Request Form

Request Date: _____

Requested By: _____

Expense Description: _____

Event Date: _____

Invoice/Receipt Attached: _____ Yes _____ No

Budget Allocation: _____

Notes on Expense: _____

Payee Information

Please make check payable to: _____

for (amount): _____

and send to this address: _____

Accounting Information

Date received: _____

Date processed: _____ Processed By: _____

Approved: _____ Budget Line: _____

Check Number: _____

Disapproved: _____

Reason: _____

Email Check Request form, with any attachments, to Executivedirector@scwla.org
and copy the SCWLA Treasurer (cliff4law@yahoo.com).