

Check/Reimbursement Request Procedures

1. All requests for reimbursement or check to be issued must submit a completed Check Request Form.
2. The date, payable to, description, budget account number, amount, and appropriate signature(s) must be completed.
3. If the requestor is not the staff member assigned to the budget area or is not the committee chairperson, the request form must be approved by the chairperson or a copy of the minutes showing approval of expenditure must be attached. (Committee chairperson may show approval either by signing the check request form or by email to: businessoffice@state-street.org)

For Reimbursement:

The original receipt, order confirmation, and/or packing list (packing list should have the requestors initials and date notating items were received) must be attached to the Check Request Form.

Generally, all checks are processed each Wednesday and ready for distribution by Thursday of every week.

State Street UMC - Check Request Form

Date of Request: _____ Invoice # _____ Amount: \$ _____

Requests received by Wednesday at 10:00 am will be ready at noon on Thursday.

Pay To: _____ *If address is not on invoice, please fill in address lines.*

Vendor Phone # _____

Check Distribution: Return to _____ Hold for Pick up by: _____

Send by Mail Other _____

Description: _____

Account # _____ Account Name or Budget Area _____ Amt. \$ _____

Account # _____ Account Name or Budget Area _____ Amt. \$ _____

Account # _____ Account Name or Budget Area _____ Amt. \$ _____

Requested by: _____

*(Must be signed by committee chairperson, staff member assigned to budget area or attach minutes showing approval by committee.)
(If request is for reimbursement: the original receipt must be attached.)*

Finance Office Approval _____