

**CEMETERY**  
**CHECK REQUEST and REQUEST FOR REIMBURSEMENT**

Amount of Request: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Pay to order of: \_\_\_\_\_

Committee or Department: \_\_\_\_\_

Reason for Expenditure: \_\_\_\_\_

Receipt Attached: \_\_\_\_\_

If Receipt NOT attached, please explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Requestor  
Signature: \_\_\_\_\_

Authorization  
Signature: \_\_\_\_\_

.....  
CHECK NO. \_\_\_\_\_

Date: \_\_\_\_\_

**CEMETERY**  
**CHECK REQUEST and REQUEST FOR REIMBURSEMENT**

Amount of Request: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Pay to order of: \_\_\_\_\_

Committee or Department: \_\_\_\_\_

Reason for Expenditure: \_\_\_\_\_

Receipt Attached: \_\_\_\_\_

If Receipt NOT attached, please explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Requestor  
Signature: \_\_\_\_\_

Authorization  
Signature: \_\_\_\_\_

.....  
CHECK NO. \_\_\_\_\_

Date: \_\_\_\_\_