

LADIES OF THE NEUSE
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: _____

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