

Sister Cities Lawrence Reimbursement Form

Requested by: _____

Date requested: _____

Make check payable to: _____

Address if check needs to be mailed:

Requested Amount: _____

_____ Invoice attached

_____ No invoice Reason for no invoice: _____

Purpose of expenditure: _____

Procedure:

- Check request form with appropriate documentation must be submitted FIRST to Chair or Vice Chair.
- Upon approval, Chair/Vice Chair will submit to Treasurer for issuance of check.
- Treasurer will note form with appropriate check information for logging/filing.

Chairman/Vice Chairman :

Approved by: _____

Date: _____

Check #: _____

Budget Classification: _____