BENNETT-HEMENWAY PTO Check Request Form

Today's Date:	
Payee Name:	
Mailing Address:	
How/where should check be delivered:	
Check Due Date:	
Event or Expense Category:	
Event Chair Name/Approval:	
Individual Making Request (Name & e-mail contact i	
Please list receipts and/or contract with explanation	Amount:
of expense:	
Total \$ Amount Requested	:
Please list and attach all receipts and/or executed con approve the request and submit by placing it in the Please tronically, please send this form with all informat receipts and send to <code>gdubois@benhempto.org</code> . It is in submitted no later than the last day of the current scheme.	TO mailbox in the Ben-Hem Office. If submitting tion filled in, provide scanned copies of original mportant that all reimbursement and check requests be
Please email Gretchen DuBois at gdubois@benhempi	to.org with questions or concerns.
	For administrative purposes only, please leave blank:
	Date check issued:
	Check number:
	Check amount:

Date check cleared: