



RHSF CHECK/REIMBURSEMENT REQUEST FORM

Date of Request: _____ Amount: _____

Make check payable to: _____

Address: _____

Mail check to address above

Hold check until next RHSF Board Meeting

Please attach all receipts, estimates, proposals & contracts, and detail the purpose and use of the money so proper accounting can be made for the funds:

Committee: _____

Requesting Member Signature: _____

E-mail address: _____

Phone Number: _____

If you have any questions, please contact Marty Peate, Treasurer @ martin.peate@aecom.com

Please scan in check request and receipts and e-mail to martin.peate@aecom.com

This section to be completed by Treasurer

Check Amount: \$ _____ Chk#: _____ Invoice #: _____ Date Pd: _____

Check Payable to: _____ Committee Acct Charged: _____

Date Check Cleared: _____ Account Reconciled: _____ Initials: _____