

Check Request Expense Report

*Area/Delegation Code: Request Date: *Check Type (check only one)

*Check should be made payable and mailed to:

Name:

Street Address:

PO Box, Suite Number:

City/State/Zip Code:

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Expense Reimbursement

Paying Vendor Directly

Cash Advance

No Check Required

NOTE: A missing mailing address may delay the processing of this check.

Expense Breakdown Information:

| *Clear & Brief Description of Purchase | *Activity/Event to Which it Relates | *Cost | Office Use |
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*Total Check Request Amount:

*Submitted by (must be signed): _____

*Authorized by (must be signed): _____

*Spaces marked with an asterisk must be completed before the check can be cut. *By signing this document, you acknowledge that, to the best of your knowledge, the information on this report is true and accurate.

Cutoff for check requests is Tuesday at noon for CORRECTLY completed Check Request forms. Checks are cut on Wednesday and are mailed no later than Friday. Original receipts must be attached! No receipt = no reimbursement. Special Olympics Minnesota will not accept expense Reimbursement requests with any receipts more than 60 days old!