

TRQG CHECK/REIMBURSEMENT REQUEST

Amount \$ _____

Request from _____

Receipt Attached: Yes _____ No _____

If receipt(s) is/are attached, please list below. If no, please explain and give date when receipt will be turned in.

Check payable to: _____

If check needs to be mailed, please give address: _____

Additional comments:

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For Treasurer Use:

Date Funds Disbursed _____ Check # _____ Amount \$ _____

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Jackie Harrison, Treasurer