REQUEST FOR CHECK

Name_____ **Phone (_____)**_____

Address_____

City_____ **State**_____ **Zip**_____

Disposition of check if not to be mailed to payee:_____

OFFICE USE ONLY		IN PAYMENT OF THE FOLLOWING (ITEMIZE)	AMOUNT
Category	Sub Account		

_____ _____ _____

Requested by Date Approved: President

Submit directly to Dorlisa W. Coe, Assistant Director, Upward Bound, Ohio Wesleyan University, 219 Phillips Hall, Delaware, OH 43015. In accordance with Ohio TRiO fiscal policy and procedures, all requests for reimbursements for business expenses must include receipts and must be received by the Treasurer within forty-five (45) days of the completion of the activity. No payments will be made without prior verbal or written approval of the Ohio TRiO President.

_____ _____ _____

Check Issued: Treasurer Date Check#

NOTES:

THIS VOUCHER MUST BE USED FOR ALL OHIO TRiO DISBURSEMENTS.