



## Request for Check (or reimbursement)

Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**If expenditure or project total is over \$200.00, indicate authorization:**

- Purchases of merchandise for resale ordered by retail committee.
- Regular recurring operating expenses.
- Prior approval by board of directors:

Date of meeting: \_\_\_\_\_ Page or section of minutes: \_\_\_\_\_

Reason for expenditure: _____ _____ _____ _____
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- Check if expenditure is for educational or interpretive activities or directly aids the California State Park system.

**Attach any receipts or invoices to this form.**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

For Finance Use Only:	
Distribution	
Account	Amount
Date Paid: _____ Check Number: _____	