

Minicon Check Request

Date of Expense:
Date of Request:

Check #
Date of Check:

Requester:	
Make check to:	
Mailing Address:	

Department for this group of Expenses:	
Reasonably detailed Description of Purchase	Amount
Total for this Department:	

Department for this group of Expenses:	
Reasonably detailed Description of Purchase	Amount
Total for this Department:	

Department for this group of Expenses:	
Reasonably detailed Description of Purchase	Amount
Total for this Department:	
Grand Total of All Expenses:	

Important Notes:
*Attach a legible, dated receipt for each expense. You are encouraged to keep a copy for your own records. Submissions must be received within 30 days of the expense, and must not exceed the amount budgeted. **If you fail to adhere to these requirements, you will NOT be reimbursed for your expense.***

Signature of Requester: _____

Approved By: _____