

Austin Aggie Mothers’ Club Check Request Form

Date Submitted: Aggie Mom Committee:

Requested By: Phone:

Please Print and Sign Your Name

Approved By: Phone:

Please Print and Sign Your Name

**(Expense must be approved by Committee Chair or officer. Make sure item(s) are approved in your budget)**

| **Expenses to be Reimbursed** |
| --- |
|  | Description/ Store Name | Receipt Total |
| 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |
| 4 |  | $ |
|  | **Total Amount Requested for Reimbursement** | $ |

| **Check Reimbursement Information** |
| --- |
| Make Check Out To |  |
| Requested Check Date |  |
| **Delivery Method** |
| ☐ | Mail |  |
|  |  |  Street City, State, Zip Code |
| ☐ | Other |  |
|  |  |  Specify |

*Directions for completing this form:*

1. Use this form if YOU, an Austin Aggie Mothers’ Club member, are being reimbursed and not a vendor
2. Attach all receipts or invoices to this form. Make copies of receipts and this form for your records.
3. Two signatures are required: person submitting request and second signature by your Committee Chair responsible for the expense. If you are a Committee Chair then second signature must by the president or treasurer.
4. You should turn in check requests as soon as you have them. Do not hold onto them. We would prefer all reimbursements are turned in monthly to help with budgeting purposes. After three months, if you have not turned in the form and receipts, you may not do so but may consider the amount a donation to our 501c3.
5. At the end of the year, all reimbursements must be turned in by May 31st for the closing of the books.