**PHHS: Check Request – use for member reimbursement or payment directly to vendor**

|  |  |
| --- | --- |
| Member Name / Vendor Name |  |
| Address |  |
|  |  |
|  |  |

***Attach invoice, receipt or other documentation.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | | Committee / Purpose | Description |  | Amount |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |

**MILEAGE REIMBURSEMENT REQUEST**

**Purpose of trip:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Budget Category | Beg. Odometer | End. Odometer | Total Miles | Amount @ .25 per mile |
|  |  |  |  |  |  |
|  |  |  |  |  | $ |

**TOTAL REQUESTED $**

APPROVED BY:

Paid Date: Check Number