**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