

Check #: \_\_\_\_\_

Ridgewood Historical Society  
**Reimbursement / Check Request Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Vendor/Store	Expense Description	\$ Amount
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

Total \_\_\_\_\_

**Check Distribution:**

Make Check Payable To: \_\_\_\_\_

Mail Check to the Following Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**For Treasurer Use Only**

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Prepared By: \_\_\_\_\_

Signed By: \_\_\_\_\_

Computer Entered

Signed By: \_\_\_\_\_