

**THORNHILL PFC CHECK REQUEST**  
**ALL LINES MUST BE COMPLETED IN ORDER FOR REIMBURSEMENT**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Pay to the Order of: \_\_\_\_\_  
(please print)

- Home address for mailing: \_\_\_\_\_
- Leave check at front office in my folder: \_\_\_\_\_
- Leave check with Kathy: \_\_\_\_\_
- Other instructions: \_\_\_\_\_

Do you want a committee/program report?      Yes  or      No

Amount of payment requested: \$ \_\_\_\_\_

Receipt or Invoice attached:      Yes  or      No

Committee/Event (use budget description if possible): \_\_\_\_\_  
\_\_\_\_\_

Brief description of reimbursement: \_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

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**FOR TREASURER'S USE ONLY**

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

Paid to: \_\_\_\_\_

Purpose: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_