



The Mountaineers
Tacoma Branch
Check Request

Date: _____

Pay To: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Committee: _____

Prepared by: _____

For Office Use Only	
Date paid	_____
Check #	_____
Posted by	_____

Special Instructions:

Activity Chairperson Approval: _____

Date	Item / Description / Purpose	Amount
Total Reimbursement Requested		\$ -
Total Reimbursement Requested		\$ -

Note: Send in your check request within two weeks of expenditure, with the ORIGINAL receipts stapled to the back. Mail to Marian Shepherd, 3920 N. Gove Street, Tacoma WA 98407.
marian.shepherd@tacomamountaineers.org