



Z KREWE 2014-2015

EXPENSE REIMBURSEMENT

CHECK REQUEST FORM

Submitted by: _____

Date Submitted: _____

Make Check payable to: _____

Amount: _____

Reason for Check _____

Committee: _____

Budget Line Item (Account): _____

Committee Chair's Signature: _____

Invoice or Bill Attached? Yes _____ No _____

Address where check should be sent: _____

Special instructions or notes: _____

Return completed form to Pam Iltis by either:

(1) e-mail: pamela.iltis@centerpointenergy.com

(2) Regular mail: Z Krewe, P.O. Box 58134, Nassau Bay TX 77258

(3) or at a Z Krewe meeting.

TREASURER'S USE ONLY: Electronic Check #: _____ or Check # _____

Electronic Check:

Signature Approval: _____ Confirmation # _____

2nd Signature Approval: _____

Date Posted: _____

(If >\$2,500 and not in budget)