Check and /or Reimbursement Request

**Must provide actual receipts for reimbursement.**

|  |  |
| --- | --- |
| Date of Request: |  |
| Amount Requested: |  |
| Make Check/Reimbursement to: |  |
| Indicate type of Reimbursement: Venmo, PayPal, Zelle, or Check |  |
|  |  |
| For Tabb Use Only |  |
| Budget Line Item: |  |
| President: |  |
| Vice President: |  |
| Secretary: |  |

Special Instructions: Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electronic Pay #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Check request may be hand-delivered, placed in TABB box or mailed to TABB Treasurer:

Rebecca Katiba

2637 Ronald Drive

Troy MI 48085

Questions for Rebecca? Email: rebeccakatiba.tabb@gmail.com

Treasurer (If electronic pay):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_