

# OCSEA Check Request

I, \_\_\_\_\_ request reimbursement in  
(your name)

the amount of \$\_\_\_\_\_ for \_\_\_\_\_  
(purpose of expenditure)

Receipt(s) is/are attached.

I agree this is the only reimbursement submitted.

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

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For office use only;

Payable to: \_\_\_\_\_

Check Number: \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

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