



**PAYMASTER USE ONLY**

Inv # \_\_\_\_\_  
Chk # \_\_\_\_\_  
Acct# \_\_\_\_\_  
Date Sent \_\_\_/\_\_\_/\_\_\_

## Request for Reimbursement/Distribution of Funds

Check only **ONE** of the following boxes

- Charged to Detachment Debit Card - receipt attached (for verification only)
  - Request for Reimbursement - receipt attached
  - Remit to Vendor - invoice/receipt attached (address below)
  - Prepare a check and return to requisitioner for hand delivery to vendor
  - Request for Tax Deductible Receipt - receipt attached (no reimbursement desired)
- 

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

Payment in the amount of: \$\_\_\_\_\_.\_\_\_\_

For the purpose of: \_\_\_\_\_

Payable to (vendor's name): \_\_\_\_\_

Address (for check requests only): \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disbursement authorized by: \_\_\_\_\_ Date: \_\_\_\_\_