



## Check Request Form

From:	To (Vendor Name if Applicable):
Address:	Address:
Phone Number:	Phone Number:
Team:	

Description	Office Only Budget Category	Amount:
		<b>Total=</b>

In order to facilitate your timely reimbursement, please complete and return with receipts to the AUCSC office.

\*\*\*Please note that we are a 501 (c) (3) non profit organization and we are not required to pay sales tax. Sales tax that has been paid will not be reimbursable. You will need to arrange to be reimbursed by the vendor you paid by submitting them a sales tax exempt form\*\*\*



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