



Check Request / Reimbursement Form

Date of Request _____ Total of Check Requested \$ _____

Check To Be Payable To: _____

If check is to be mailed, please provide mailing address to send check to:

Name _____

Street Address _____

City, State, Zip Code _____

If check is not to be mailed, indicate who check should be given to: _____

Reason for Request (include itemization of expenses if applicable and if related to an event, the name of the event) _____

Signature of Requester _____

Please complete the above information, attach all receipts and Invoices (if applicable) and submit form to the Treasurer.

Address: PO Box 5002, Aiken SC 29804-5002

Email: info@aikennewcomers.com

Web Site: www.aikennewcomers.com