

Lost Pines Master Naturalist  
Check Request

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

Purpose: \_\_\_\_\_ Request for Reimbursement (tape receipt to 8 1/2 x 11 sheet of paper)

\_\_\_\_\_ Request to Pay Invoice Directly (attach invoice)

\_\_\_\_\_ Request to Place an Order (example books, curricula, shirts, etc.)

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Reimbursement:**

Make Check Payable to:

Name \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

email \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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Approved by: (signature)

Officer(s) (over \$75): \_\_\_\_\_

Board Approval (over \$250): \_\_\_\_\_

General Chapter Membership vote, give date: \_\_\_\_\_

**Return completed form to: Treasurer, Lost Pines Master Naturalist**

eac060221 Issued Check # \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_