



905 West 9<sup>th</sup>  
PORT ANGELES WA  
98363

**REQUEST FOR CHECK**

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

Make Check Payable to:

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

Address: \_\_\_\_\_

LIST OF EXPENSES (attach receipt)

Note: Reimbursement will not be issued without proper documentation.

Item Purchased:	Account Code:	Total:

TOTAL AMOUNT TO BE PAID \$ \_\_\_\_\_

.....

I hereby certify under penalty of perjury  
That this is a true and correct claim for  
the necessary expenses incurred by me and  
that no payment has been received by me  
on account thereof.

This invoice is  
approved for payment  
by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Budget Authority Signature