

Phoenix Women's Board of the Steele Children's Research Center (PANDA)

**CHECK REQUEST 2017-2018**

**ORIGINAL invoice and/or receipt must accompany ALL requests**

The following items need to be turned in with this request:

- Original receipt
- If you pay with a check, provide proof of the check clearing the bank
- Back-up documentation
  - If providing food, list all people fed
  - For printing services, provide an example of what was printed
  - Provide a W9 if vendor is a LLC service provider (printing, graphic design, rentals, entertainment, etc.)
- Do not pay with cash (tips excluded)
- If tipping in cash, provide a receipt for the tip signed by both parties.

Date \_\_\_\_\_ Committee \_\_\_\_\_

Requested by \_\_\_\_\_ Amount requested \_\_\_\_\_

Payable to \_\_\_\_\_ Phone \_\_\_\_\_  
(LEGAL NAME)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of receipt/invoice	Description of Expense	\$Amount
<b>Total Reimbursement Amount:</b>		

Submit check requests to:

**Shauna Gliss**, PANDA Board Treasurer  
 4625 East Exeter Blvd  
 Phoenix, AZ 85018  
[skgliss@gmail.com](mailto:skgliss@gmail.com)

PLEASE ALLOW APPROXIMATELY THREE WEEKS TURNAROUND FROM TIME OF SUBMISSION TO RECEIPT OF REIMBURSEMENT.

<i>For Office Use Only:</i>		
Account Number _____	Check Number _____	Amount _____
Approved by _____	Date Paid _____	