



Western Association of College and University Housing Officers

Check Request Form

Date of Expense:

Date Check Needed:

Purchaser's Name:

Payable To:

Phone Number:

Address:

City, State, Zip:

Itemized WACUHO Expenses

#	Vendor and Expense Description	WACUHO Account to be Charged	Amount
1			
2			
3			
4			
5			
6			

Total Reimbursement Request

Comments/Explanations

My request is made in accordance with all WACUHO Financial Procedures.

Signature of Requestor: _____

Signature of President (if required): _____

Return this form to
Jenna Hazelton
6001 Lindo Paseo
San Diego, CA 92115
treasurer@wacuho.org
Phone: (619) 594-8717

Payment can be expected within 10 days of receipt of this request by the Treasurer. For payments required in less than 10 days, please contact the Treasurer for instructions.

Revised 02/2018

Date:

CK#:

Acct:

Amount:

Date posted: