

# TREASURY REQUEST FORM

**STAPLE RECEIPTS HERE**

Please keep edges within the dotted lines.  
**Must include line-item receipts / tax paid.**

**DO NOT FOLD RECEIPTS**

If larger than the dotted area, staple to  
 back of form. Receipts may extend  
 past the bottom of the page.

**COMPLETE DESCRIPTION FIRST**



**RECEIPT DESCRIPTION**

*Describe in detail the events/activities  
 that were covered.*

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Requesting Brother: \_\_\_\_\_ Roll #: \_\_\_\_\_

Total Funds Requested: \$ \_\_\_\_\_ -  Reimbursement  
 Direct Payment

Make Payable to: \_\_\_\_\_

Department Budget: \_\_\_\_\_ QTR: \_\_\_\_\_  
*(Complete separate forms for each department and quarter)*

**OFFICER** *(To be completed by the chair of the department)*

Officer's Name: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ Date: MM / DD / YY

Notes: \_\_\_\_\_

**TREASURER** *(To be completed by the Treasurer / President)*

Treasurer's Signature: \_\_\_\_\_ Date: MM / DD / YY

President's Signature: \_\_\_\_\_ Date: MM / DD / YY

Check Amount: \$ \_\_\_\_\_ - Date: MM / DD / YY

Check Number: \_\_\_\_\_ Cashed: MM / DD / YY

**STATUS:**  Receipts Remitted **FORM #:** \_\_\_\_\_  
 Paid  
 Closed  $\implies$  \_\_\_\_\_ (Accountant's Initials)

Notes: \_\_\_\_\_