

NORTH CAROLINA COLLEGE PERSONNEL ASSOCIATION

Check Request / Reimbursement Form

Name of Requester:	Date of Request:
Purpose:	Date Ordered / Purchased:
	Date Required By:

Check Issue Information		Requested Information	
Name:		Requested By:	
Address:		Ordered By:	
Phone / Fax / Email:		Approved By:	
		Treasurer Approval:	

Please list the information requested below. If reimbursement is necessary, please attach all receipts.

Quantity	Vendor / Store Name	Description	Unit Cost	Total Cost

Special Instructions:

Subtotal:	
Tax:	
Total:	

Please mail or fax your request to:

**Courtney Sandler
Campus Box 5013
Wingate University
Wingate, NC 28174
704.233.8244 (office)
704.233.8017 (fax)
csandler@wingate.edu**

Treasurer Information Only

Date Received: _____

Date Issued / Sent: _____

Check Number: _____

Data Base Entry: _____

Line #: _____