



880 SR 6W
Tunkhannock, PA 18657
Phone: (570) 836-2161
Fax: (570) 836-4569

Request for Check

Date of Request: _____

Payable to: _____

Address: _____

Reason for Payment: _____

Destination: _____

Mileage _____ miles x \$.45/mile = _____

Advance for _____

Plane fare _____

Motel _____

Meals (including tip) _____

Tolls _____

Other Expenses _____

Less Prior Advance (_____)

Total Reimbursement _____

=====

Department Charged: _____

Date Check Needed: _____

Check to be Mailed to above address Picked up in Accounting

*****Please Attach All Receipts*****

_____ Employee Signature

Approved by: _____ Department Head

_____ Administration