

# SEPTA Check Request/Reimbursement Voucher

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Check Payable To \_\_\_\_\_

Total Amount of Request (*attach receipts to back of voucher*) \_\_\_\_\_

Date of Request \_\_\_\_\_ Date Check Needed \_\_\_\_\_

Item	Purpose of Expenditure/Line Item from Budget	Amount

Additional Comments:

Signature \_\_\_\_\_

Contact **Michael Cohen 14 Holly Lane Plainview, NY 11803**  
**914-830-9418 mcohen73@gmail.com**

<b>Treasurer's Notes</b>		
Receipts Received _____		
Date Paid _____	Check Number _____	Amount _____