

MAKE CHECK PAYABLE TO:			NAME OF ACTION		
STREET ADDRESS			DATE OF ACTION		
CITY, STATE, ZIP			NAME OF ACTION FACILITATOR		
			(Assigned coordinator for the approved action)		
ITEM NO	DATE OF	DESCRIPTIO	ON OF EXPENSE	DF EXPENSE AMOUNT	
ITEM NO	PURCHASE	DESCRI TO	255000 1000 07 250 2102		
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
All receipts MUST be attached to this form in order for your reimbursement to be processed.			TOTAL AMOUNT OF REIMBURSEMENT		
			•		
ACTION FACILITATOR SIGNATURE			The Finance Working Group prioritizes material costs directly related to approved actions. Approved items include but are not limited to props, leaflets, label printing, banners and sign materials,		
					PAYEE SIGNATURE
			be approved include coffee, food, other drinks. The Finance		
DAVES TELEDIJONE NUMADED			Working Group will allow for expenses resulting from transportation of large and/or heavy props for actions.		
PAYEE TELEPHONE NUMBER			transportation or large and/or heavy props for actions.		

PLEASE SUBMIT DIGITAL COPIES OF THIS CHECK REQUEST FORM, ALONG WITH ALL RECEIPTS TO: FINANCE@RISEANDRESIST.ORG