

Check Request Expense Report

*School Name: Request Date: ___/___/___ *Check Type (check only one)

Expense Reimbursement

*Check should be made payable and mailed to:

Paying Vendor Directly

Name:

Street Address:

PO Box, Suite Number:

City/State/Zip Code:

NOTE: A missing mailing address may delay the processing of this check.

Expense Breakdown Information:

*Clear & Brief Description of Purchase	*Activity/Event to Which it Relates	*Cost	Office Use

*Total Check Request Amount:

*School Contact (must be signed): _____

*SOMN Staff (must be signed): _____

*Spaces marked with an asterisk must be completed before the check can be cut. *By signing this document, you acknowledge that, to the best of your knowledge, the information on this report is true and accurate.

Cutoff for check requests is Tuesday at noon for CORRECTLY completed Check Request forms. Checks are cut on Wednesday and are mailed no later than Friday. **Original receipts must be attached! No receipt = no reimbursement.** Special Olympics Minnesota will not accept expense Reimbursement requests with any receipts more than 60 days old!