



# Davis Grad Night Check Request Form

Check Requested By \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Committee:  Business       Operations       Activities       Decorations

Subcommittee: \_\_\_\_\_

Check Payable to \_\_\_\_\_ Date Needed \_\_\_\_\_

Payee Address \_\_\_\_\_

Summary of Expenses:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total (Amount of Check) \$ \_\_\_\_\_**

Signatures:      Committee Chair \_\_\_\_\_

Grad Night Chair \_\_\_\_\_

***Please complete the information above and obtain Committee Chair's signature.  
Then mail this form along with any receipts, bills or invoices to:  
Davis Grad Night  
P. O. Box 2143  
Davis, CA 95617***

Submit requests for reimbursements as soon as possible, and in no event after June 30.  
Reimbursement requests after June 30 may be rejected.

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*TREASURER'S USE ONLY*

Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_

Budget Category \_\_\_\_\_ Amount \_\_\_\_\_