



BRONCO FOUNDATION Reimbursement/Check Request Form

Checks will not be issued without authorized signatures. Please obtain the signatures of the advisor and LD/AD before submitting to the Foundation office and attach all receipts/invoices.
Allow up to 10 days for reimbursement for Foundation-allowable expenses.

Organization: _____

Date Submitted: _____

Issue Check To: _____

Submitted By: _____

- Pick up check
- Have check mailed (provide full address)

Quantity	Description	Unit Cost	Total
Total:			

Available Balance: _____

APPROVED BY:

1. _____
Advisor

2. _____
LD/AD

3. _____
Principal

Date

Date

Date

Date Paid: _____

Check Number: _____

Check Amount: _____