



## 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
<b>Total:</b>			

Available Balance: \_\_\_\_\_

**APPROVED BY:**

1. \_\_\_\_\_  
Advisor

2. \_\_\_\_\_  
LD/AD

3. \_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Date Paid:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Check Amount:** \_\_\_\_\_