



South Carolina Public Records Association

Check Request Form

I, _____, am requesting reimbursement for
(PRINT NAME)

monies paid on behalf of SCPRA to:

_____ on _____ for
(Location) (Date)

\$

(Amount)

Please describe purchase:

Please make check payable to:

(Name & Address of Purchaser)

(Purchaser's Signature)

(Date of Request)

Please mail reimbursement check.

(Treasurer's Signature)

(Date)