

HAWAII REPUBLICAN PARTY

Check Request for Reimbursement

Make check

Payable to: _____

Address: _____

Phone: _____

Special Instructions:

Mail Check _____ Give check to: _____

Check requested by: _____

Approved for payment: _____

Signature, email or fax authorization

Invoice #	Event/purpose	Vendor (Long's, Safeway etc...)	Street Address, City State, Zip	Date	Amount

Total \$ _____

To receive payment all receipts or invoices must be attached and the full address of each vendor must be filled in.

Reviewed and check disbursed by: _____

Check Date: _____

Check Number: _____