

**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: \_\_\_\_\_