



Request for Debt/Visa Card Use in lieu of check or reimbursement

SEQUOYA APT	_____ 2013
PAY TO THE	
ORDER OF _____	\$ _____
_____ DOLLARS	
	_____ Authorized Signature
TWO AUTHORIZED SIGNATURES REQUIRED	_____ Authorized Signature

REQUEST MADE BY \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Expenses:**

<u>Date</u>	<u>Description/Reason</u>	<u>Event/Committee</u>	<u>\$ Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Continue on other side)

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