



PASADENA SISTER CITIES COMMITTEE, INC.

LUDWIGSHAFEN GERMANY 1948 	MISHIMA JAPAN 1957 	JÄRVENPÄÄ FINLAND 1983 	VANADZOR ARMENIA 1991 	XICHENG CHINA 1999 	DAKAR-PLATEAU SENEGAL 2019
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CHECK REQUEST REIMBURSEMENT FORM STIPEND RECEIPTS

Instructions:

1. Fill out this form completely. Please print.
2. Attach all relevant receipts and supporting documentation.
3. Submit the form to your subcommittee Chair for approval.
4. Once approved, submit the form to the finance department for processing.

Note: All reimbursement requests must be submitted with approval and complete this form with appropriate documentation. Reimbursements will be processed at the end of each month. Exceptions will be made accordingly. Checks for special events will be prepared accordingly.

PSCC Member's Name: _____ **Phone Number:** _____

Subcommittee: GERMANY JAPAN FINLAND ARMENIA CHINA SENEGAL

Nature of expense: _____

Project or Event: _____

Reimbursement to Member Check to Vendor

Expense Details:

- Date of Expense: _____
- Expense Description: _____
- Vendor/Payee: _____
- Vendor Address, phone: _____
- Category (e.g., Meals, Travel, Supplies): _____
- Total Amount: \$ _____

Receipts/Documentation (Attach copies):

1. Receipt attached; Additional Documentation (if any): [Attach Documentation]

Approval:

Subcommittee Chair's Name: _____ Signature: _____

Approval Date: _____

President's Name: _____ Signature: _____

Approval Date: _____

Date submitted to Treasurer: _____

Remarks/Comments:

For Finance Department Use Only:		
Payment method: <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other	Check payable to:	Check # (if applicable):
Amt Approved: \$	Payment Date:	Check: <input type="checkbox"/> Mailed <input type="checkbox"/> Picked up <input type="checkbox"/> Hand Delivered
Treasurer's Name:	Treasurer's Signature:	