

**GKC PRSA Board
2014 Expense/Check Request Form**



Date of request: _____

Requestor: _____

Requestor phone: _____ Requestor e-mail: _____

Make check payable to:

Mail reimbursement check to:

Company (if business address): _____

Street Address: _____

City, State, ZIP: _____

Amount: \$ _____

Item/service purchased: _____

Reason for purchase: _____

Place of purchase: _____

PRSA budget line (PRISM, membership, etc.): _____

The PRSA board member overseeing the budget line must approve the expense.

Board member: Is this expense part of your approved 2015 budget? YES or NO

If NO, please provide reason for non-budget authorization: _____

Name of approving board member: _____

Signature of board member: _____ Date: _____

Attach receipt to this form and forward to the 2015 VP of Finance for reimbursement:

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