

RMTA Check Request Form

Date of Request: _____

Event: _____

Category/Description	Amount
Total Expenses Incurred	

Please list all expenses incurred on behalf of RMTA and attach the related receipts to this form, or attach the invoice for any direct vendor payments.

Please mail the form, receipts, and invoices to:

Anne James
RMTA Treasurer
2300 Cedarfield Parkway, Apt. 151
Henrico, VA 23233
rjames@richmond.edu

Signature: _____

Telephone: _____

Check payable to: _____

Address of payee: _____

