SENIOR RECOGNITION PROGRAM

CAHEC
Creating Partnerships, Strengthening Communities

KICK-OFF CHECK REQUEST

Please complete the following form to request a check or reimbursement for an SRP "kick-off" event. CAHEC will cover expenses for this event, up to $5 per person.

Proper documentation (i.e. receipts, invoices, etc.) validating your expense MUST accompany this form in order to be processed. If more space is needed, attach an itemized list with costs. Don't forget to include sales tax.

Name of Apartment Community: _____

Date of "Kick-Off" Event: _____ Number of Attendees: _____

Name of Individual Requesting Check: _____ Email: _____

Please itemize your expense(s):

Item	**Cost**
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
Sales Tax	$_____
Total Amount of Check:	$_____

Name of Payee: _____

Address of Payee: _____

_____

_____

Comments:

_____ _____

Signature of Individual Requesting Payment *Date*

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