

# FESTIVAL OF TREES

## Check Requisition Form

Date: \_\_\_\_\_

Individual being reimbursed: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

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

Amount to be reimbursed: \$ \_\_\_\_\_

Purpose of expenditure: \_\_\_\_\_

\_\_\_\_\_

Attach all receipts associated with this request and mail to Shanelle Larsen at P.O. Box 58249 Salt Lake City, Utah 84113 or scan to [Shanelle.larsen@imail.org](mailto:Shanelle.larsen@imail.org).

\*Do not purchase personal items on Festival of Trees donation receipts which you will be requesting reimbursement.