

DR. MARTIN LUTHER KING, JR. COMMITTEE, INC.

P.O. BOX 1282

HOLLY SPRINGS, NC 27540

CHECK REQUEST/REIMBURSEMENT FORM

Write Check To: _____

Sub Total \$ _____

Sales Tax \$ _____

Check Total \$ _____

OFFICE USE ONLY

Date Paid _____

Check Number _____

Member Requesting Check

Approval/Finance Officer

Explanation:

Payment Described Above Received

PLEASE STAPLE RECEIPT TO THIS PAGE

Large empty rectangular box for receipt information.