NEW MEXICO LAW ENFORCEMENT TORCH RUN
LOCAL AGENCY
CHECK REQUEST FORM

AGENCY NAME: ____________________________

AGENCY COORDINATOR: ____________________________

PHONE NUMBER: ____________________________

DATE OF REQUEST: ____________________________

PURPOSE OF CHECK REQUEST (choose one):

- Advance
- Reimbursement
- Payment of Attached Invoice

ADVANCE

IMPORTANT NOTE: ADVANCES CANNOT BE PROCESSED UNTIL THE PREVIOUS ADVANCE RECONCILIATION FORM HAS BEEN RETURNED TO THE SONM CHAPTER OFFICE.

REQUESTED AMOUNT: ____________________________

REQUESTED PAYMENT DATE: ____________________________

PURPOSE OF ADVANCE: ____________________________

REIMBURSEMENT / PAYMENT OF ATTACHED INVOICE

REQUESTED AMOUNT: ____________________________

DESIGNATED PAYEE: ____________________________

PAYEE’S ADDRESS: ____________________________

City and State: ____________________________

Zip Code: ____________________________

SUMMARY OF EXPENSES (receipts and/or invoices must be attached)

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<tr>
<th>DESCRIPTION / EXPLANATION</th>
<th>EXPENSE TYPE</th>
<th>AMOUNT</th>
<th>FOR OFC USE ONLY - GL ACCT #</th>
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THIS COMPLETED FORM MUST BE RETURNED TO THE SONM CHAPTER OFFICE.