



RECON

Check Request Form

Instructions to the individual or organization requesting payment or reimbursement:

- Complete all fields below and sign form.
- Provide invoice or receipts. If smaller than 8.5x11, please tape to a full sheet of paper.
- Mail form (with invoice and/or receipts) to the address provided below.

Name/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Purpose of Expense: _____

Total Amount: _____

Name to be Printed on Check: _____

Claimant Signature: _____ Date: _____

Completed forms and original receipts should be mailed to:

John Keller, RECON
1 Grand Ave, CESaME, Cal Poly, SLO
San Luis Obispo, CA 93407

Reimbursements will be processed as soon as they are received, and typically take 3-5 weeks for payment. Please contact the CESAME office at (805)756-2095 if you have any questions.