

PEX CARD FUND REFILL REQUEST FORM

Project Name:	Date of Request:
Cardholder's name:	
Amount Requested:	
Have you submitted your previou	s month's expense reconciliation? Yes No
Please note that your request will	be declined if you have not yet submitted your previous
month's sta	atement reconciliation of expenses
Date Funds Needed by:	
Please keep in mind that it takes 4	4 business days for funds to be deposited on to your PEX
Ca	rd,so please plan your need by date accordingly.
Do you need this payment rushed	d? Yes No
This comes with our \$50 rush fee,	and avoids the 4 business days it takes for funds to be
deposited into your pex card.	
Describe Intended Use:	
Project Director Signature	Date
CT Community Director Signature	Date
CT Finance Manager Signature	Date
CT President Signature	Date