



PEX CARD FUND REFILL REQUEST FORM

Project Name:

Date of Request:

Cardholder's name:

Amount Requested:

Have you submitted your previous month's expense reconciliation? Yes No

Please note that your request will be declined if you have not yet submitted your previous month's statement reconciliation of expenses

Date Funds Needed by:

Please keep in mind that it takes 4 business days for funds to be deposited on to your PEX Card, and plan accordingly

Do you need a wire transfer? Yes No

This comes with a \$35 wire transfer fee levied by our bank in addition bank in addition to our \$50 rush fee, and avoids the 4 business days it takes for funds to be deposited on your PEX Card.

Describe Intended Use:

Project Director Signature

Date

CT Community Director Signature

Date

CT Finance Manager Signature

Date

CT President Signature

Date