

Gateways Community Services requires original signatures on all time sheets, mileage and expense reimbursement, respite reimbursement forms.

PDF Fillable Form Instructions – Acrobat Reader Required

1. Complete all applicable areas.
2. Double check calculations.
3. Print completed form.
4. Sign completed form.
5. Submitted to Gateways for payment via methods listed below.

Timesheets and reimbursement forms may be submitted five ways:

1. Dropped off at the front desk during regular Gateways business hours (Monday through Friday 8:30am-4:30pm)
2. Dropped in the red drop box **after** business hours (located in the back of the building near the ramp entrance doorway)
3. Faxed to 603-889-5460.
4. Signed, **scanned** and emailed to your Gateways contact/account manager.
5. Mailed in an envelope to:
Gateways Community Services
144 Canal Street
Nashua, NH 03064

PLEASE MARK ALL ITEMS WITH THE NAME OF THE PERSON THAT NEEDS TO RECEIVE THEM AT GATEWAYS. THANK YOU.



Date of Request:

CHECK REQUEST

Check Payable to:

_____ Check if **New Vendor** Check if **New Address**

Address:

Vendor E-Mail Address :

Check Amount:

\$ _____ - _____

Date Needed:

Invoice #

_____ (Attach completed forms and/or receipts)

Check Stub Description (15 Characters)

*****Check requests Received after 5:00 p.m. Monday will be processed the following Friday*****



<i>Acct #</i>	<i>Cost Center</i>	<i>Amount</i>	<i>Units (TC only)</i>	<i>G/L Description (22 characters)</i>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

Requested by:

Approved By:

Director of Program

Date Posted:

Revised 03/10