REQUEST FOR PAYMENT

Office or activity for which expense was incurred: _____
Payment is hereby requested for the following authorized expenses:
(Please itemize expenses and attach bill/receipts)

Date	Item or Service	Cost	Code
	Total Expenditures	$	

Direct Pay ☐ Reimbursement ☐
Make Check Payable to:

_____
Name

_____
Company Name

_____
Address City State Zip

_____
Authorized Signature

_____
Date

_____
For Use of Treasurer

Date Paid _____ Check # _____ Check Amount _____