



PAYOUT REQUEST FORM

Date_____

Issue Check to: (Legal Name)

For Purchase of / payment for: (Specify what is being purchased)

ITEM BUDGET LINE AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL PAYOUT REQUEST

Is this a request for reimbursement of out of pocket expenses?

- Yes
- No If "yes" please attach receipts

(Payee) Signature_____

(POB) Signature_____

(Treasurer) Signature_____

Check # _____

INSTRUCTIONS:

- 1) Attach invoice or receipt to this form
- 2) Secure approval President of Board
- 3) Original and receipt(s) go to Treasurer, keep a copy for your files