

PAYMENT REQUEST FORM

<u>Date</u>	<u>Vendor</u>	<u>Description of Expenditure</u>	<u>Amount of Expense</u>	<u>Receipt Attached?</u>

TOTAL PAYMENT REQUESTED:	
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Request Submitted By (Print):		
Signature:		Date:
Make Check Payable To:		
Address To Mail Payment:		

<p>Treasurer Use Only</p> <p>Treasurer or Officer Signature: _____</p>	<p>Adjustment (If Any) With Explanation: _____</p> <p>TOTAL PAYMENT: _____</p> <p>Check Number: _____</p> <p>Date: _____</p>
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