



PAYMENT REQUEST FORM

FOR ALL GENERAL EXPENSES SEND TO:

Treasurer

FOR COOK BOOK & CHILDREN'S PAVILION SEND TO:

Auxiliary Treasurer

DATE SUBMITTED: _____

FROM: _____ CHAIRMAN OF: _____

PLEASE PAY: AMOUNT \$: _____

TO: (PRINT NAME CLEARLY)

STREET ADDRESS:

CITY, STATE, ZIP:

INVOICE (S) DATE AND NUMBER: _____

FOR: _____

BUDGET CATEGORY (ACCOUNT NUMBER): _____

(MUST BE COMPLETED IN ORDER TO POST ACCURATELY TO THE SPECIFIC ACCOUNT)

Is this is budgeted expenses? Yes ___ No ___ Are you within your budget? Yes ___ No ___

PLEASE ATTACH YOUR BILL OR RECEIPT. WE MUST HAVE IT FOR OUR RECORDS.
PLEASE INCLUDE AN ENVELOPE TO THE PAYEE. ALL EXPENSES MUST BE SUBMITTED
TO AND APPROVED BY THE COMMITTEE CHAIRMAN. THERE ARE NO EXCEPTIONS.

For Treasurer's Use Only:

Date Paid:

Check Number:

One copy to Treasurer/Auxiliary Treasurer

One Copy to Committee Chairman
