

# PAYMENT REQUEST FORM

Date of request: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Person requesting payment: \_\_\_\_\_

Check #: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Authorized by: \_\_\_\_\_

(Must be Committee head or board member)

Committee Budget to Chg: \_\_\_\_\_

Describe Expense or Function	Amount of Expense
Subtotal Amount: \$	

Committee Budget to Chg: \_\_\_\_\_

Subtotal Amount: \$	

TOTAL AMOUNT DUE:

*(Please attach receipts, invoice or backup for expense)*