

PROGRAM PAYMENT REQUEST FORM

Date of request: _____

Date Paid: _____

Requested by: _____

Check #: _____

Check payable to: _____

Speaker Name: _____

Address: _____

Date of Visit: _____

W9 required: ____Yes ____No

Authorized by: _____

W9 attached: ____Yes ____No

(Must be Committee head or board member)

Itemized Expense	Amount of Expense	Extended Amount
<u>Lecture Fees:</u>		
Total Lecture fee:		\$

Class Fees:		
Class 1	\$	
Class 1: Add'l # _____ @ \$ _____	\$	
Class 2	\$	
Class 2: Add'l # _____ @ \$ _____	\$	
Class 3	\$	
Class 3: Add'l # _____ @ \$ _____	\$	
Total Class Fees:		\$

Travel & Lodging:		
Travel Exp – Air	\$	
Travel Exp – Miles _____ @ _____ ¢/mi	\$	
Lodging	\$	
Parking	\$	
Shipping	\$	
Other	\$	
Other	\$	
Meals: Bkfst _____ Lun _____ Din _____	\$	
Meals: Bkfst _____ Lun _____ Din _____	\$	
Meals: Bkfst _____ Lun _____ Din _____	\$	
Meals: Bkfst _____ Lun _____ Din _____	\$	
Total Travel & Lodging:		\$

TOTAL EXPENSES DUE: \$

\$

(Please attach receipts, invoice or backup for expense)