

REQUEST FOR PAYMENT

DATE SUBMITTED ____

AUTHORIZED BY: _____ signature required

(Committee chair, authorized staff or person responsible for the budget category)

PAPERCLIP RECEIPTS & BACKUP TO THIS FORM; SUBMIT TO OFFICE MANAGER

Office use only

Expense Date	Amount	Item/Service purchased. Attach all receipts with paperclips	Payable to: Include address if being mailed Attach add'l. sheet if needed*	Budget Category i.e. Music, A-RE, etc.	paid	Acct.
		Total only if all are to same vendor				

REQUESTED BY: _____ Phone # _____ Email: _____

*Delivery options:

XXX mail to vendor

mail to the requester

notify requester for pick up

leave in _____ mailbox

other: _____