



## Request a payment form

Please make check payable to:

Amount:

Date:

Committee/Activity:

Purpose:

Check requested by:

Check sent to: (address to mail it or for pick up)

### Itemization of Expenses

Account	Vendor	Description	Amount

**(Please Note: receipts must be attached)**

Committee Chairperson Approval

Officer's Approval

Signature & Date

Signature & Date

Paid by check#

Date: