

PAYMENT REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

REQUESTOR:

Print Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

PAYEE: \_\_\_\_\_

Mailing address for check: \_\_\_\_\_

PURPOSE/CATEGORY: (e.g. general postage, museum show, retreat, newsletter, special resolution)

Board Resolution on Meeting Dated: \_\_\_\_\_

Special Project: \_\_\_\_\_

General Budget Item: \_\_\_\_\_

RECEIPT ATTACHED:  Yes  No

Explain Lack of Receipt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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FOR USE BY TREASURER ONLY

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

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

Date Mailed: \_\_\_\_\_

Data Entry Completed (Date): \_\_\_\_\_