



Request for Payment



Date: _____ AMOUNT:\$ _____

PAY TO THE ORDER OF (VENDOR): _____

- *All requests must be within **30 days** of original receipt.
- *All requests must have original receipt attached.
- *All requests have to be approved by both the President and Treasurer.
- *All requests over \$5000 must have competitive quotes attached.
- *All vendors providing services must have a W-9 on file.

MEMO/ DESCRIPTION OF PURCHASE:

REQUESTER NAME: _____ REQUESTER PHONE _____

TREASURER APPROVAL:

PRESIDENT OR VICE PRESIDENT APPROVAL:



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