

REQUEST FOR PAYMENT

Date: _____

Requested by: _____

Instructions:

*Date required: _____

***Information required**

*Destination:

Payee

US Mail (Address required if not on attachments)
Send forms or attachments with check? Y N

Folder or mail slot (where?) _____

Other

Specify: _____

Payee Information:

*Name: _____ *Amount \$: _____

Address: _____

_____ Phone: _____

*Approved by:

*Charge to

Account#

Amount \$

**AS A RULE, PERSONS
REQUESTING A PAYMENT TO
THEMSELVES MUST HAVE AN
AUTHORIZED PRE-APPROVAL.**

EXPLANATION FOR EXPENDITURE

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