



Request for Payment

Type of Payment: Speaker/Instructor
 Vendor Bill/Invoice
 Other, explain _____

Make check payable to:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Reason for Payment: _____

Date of Event (if applicable): _____

Budget Line Item/Acct #: _____

Payment Amount: _____

**** See current Budget for Line Item/Acct # to be charged. ****

Submitted by: _____ Date: _____
Committee Chair **OR** Executive Board Member Title: _____

Approved by: (1) _____ Date: _____
President

(2) _____ Date: _____
1st Vice President **OR** Executive Board Member Title: _____

Received by Treasurer: _____ Date: _____

Check #: _____ Date of Issuance: _____