



VENDOR Payment Request Form



Note: ALL vendor payment requests *MUST* be accompanied by appropriate invoice, bill or documentation. Please staple invoice, bill or documentation to the *BACK* of this form.

Amount of Payment:

Check Debit Card

Date Requested:

Check or Debit Card Payable to:

(if mailing) Address:

City, State, Zip:

Detail of Vendor Payment Request:

- 1. Description: Amount: \$
Event or Purpose of Purchase:
- 2. Description: Amount: \$
Event or Purpose of Purchase:
- 3. Description: Amount: \$
Event or Purpose of Purchase:

DELIVERY - To whom should item(s) be delivered:

where

Address:

City, State, Zip:

AUTHORIZATION

Committee/Office:

Committee Chairperson /Officer (**Print Name**):

Chairperson's/Officer's Authorization (**Signature**): _____

Requestor:

Signature: _____ **Date:** _____

Treasurer's Use:		Check # _____	
Check Date _____			Amount _____
Account #	Class #	Property	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Mailed/Delivered _____			