

REQUEST FOR PAYMENT

Date _____

To Treasurer _____ From _____ Committee

I. Please pay the attached invoice

Reimbursement to _____ for prior payment.

Pay vendor when due.

II. Charge this expense to our committee budget for _____.

III. This expense is:

Within our year-to-date budget.

Exceeds our year-to-date budget, but will be corrected by reducing future months' expenditures.

The portion exceeding budget was approved by the board on _____.

The entire expense has been approved by the board on _____ as an outside budget expense.

Committee Chair

Date

Approved for payment _____

Treasurer

Date

Check No.