

PAYMENT REQUEST / EXPENSE REPORT



PAYEE INFORMATION

Name: _____

Company: _____

Address: _____

City, State, Zip _____

Contact Person: _____

Phone: _____ E-mail: _____

PAYMENT INFORMATION

Enter Class from list below in Payment or Debit column; include **detailed** description; **attach invoice or receipts** to form

Payment Request	Debit Expense	Description + program or event	Amount
TOTAL AMOUNT OF CHECK/DEBIT			

SPECIAL INSTRUCTIONS: _____

DATE NEEDED/DEBITED: _____

REQUESTED/REPORTED BY: _____

Name	Signature	Date
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APPROVED BY: _____

Name	Signature	Date
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DEBIT CARD #: _____
last four digits

CARD ACCOUNT#: _____
last four digits

CLASS	
Accounting	Meetings
Board Expense	Membership
Communications	Miscellaneous
Donations/Grants	Office Expense
Education	Promotional Sales
Equipment and Repairs	Quilt Show
Insurance	Special Projects

Rev. 6/2012

Treasurer
Check #
Date
Amount
Treasurer's Initials