

REQUEST FOR PAYMENT

DATE _____

REQUESTED BY _____ DEPT _____

AMOUNT REQUESTED \$ _____
(Amount In Words)

PAYABLE TO _____

REASON FOR PAYMENT _____

CHARGE ACCOUNT _____ SIGNATURE _____

APPROVED BY _____

CHECK # _____ AMOUNT _____ DATE OF CHECK _____

RECEIVED BY _____ DATE _____

SIGNATURE _____