Request for Payment/Reimbursement

These forms should be submitted to the Administrator at least one week before payment is needed.

Since our bookkeeping department is part-time, we want to make every effort to see that you receive funds that are due to you, or to those who have provided services for you, in a timely manner.

Date	Requested by	Department	Purpose

Check Information:

- ❑ **Give Check to Requestor**
- ❑ **Mail Check to company**

Check Payable to: _____ **Amount:** _____

Company Address: _____

_____ **Zip** _____

Administrator's Approval: _____