## **Request for Payment**

Checks are generally printed once per week, with some exceptions—be sure to submit request in ample time. If you have specific time constraints, confirm with the Treasurer when it can be done.

This request must be completely filled out and signed by the authorized person for the specified budget line/designated fund. Put Request and any supporting documents into the large box labeled Finance (near the mailboxes.)

1. Please pay the amount of: \$			
2. To (name and address of vendor	, provider, or purchaser to be rei	mbursed):	
	Associate the second section of		
<b>3.</b> For (describe item(s) or service.	Attach bills or receipts.):		
-			
4. Using funds from this Albany U		xpense line number and name	
or this Albany UU <b>D</b>	:	Aperise line number did nume	
5. Authorized by (signature of co	nmittee chair <u>)</u>		
Dat <u>e</u> :	Chair <u>of:</u>		
6. Disposition of check:	Mail to recipient (cover	etter enclosed)	
_	Put in Albany UU mailb	oox of	
_	Other:		
For office use only: PAYMENT APPRO	VAL: Account #	Amount \$	
	Check #	Date	
	Approved by		