



## Payment / Reimbursement Request

**INSTRUCTIONS:** 1. Complete top half of form 2. Attach receipt(s) or invoice(s).

Requested by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Budget Category: \_\_\_\_\_

Reason for Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payee: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

*Please attach receipt(s) or invoice(s).*

< for office use only >

Approved by: \_\_\_\_\_ Check #: \_\_\_\_\_

Approved by: \_\_\_\_\_ Dt Paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Budget Cat. Spent: \$ \_\_\_\_\_ Remaining: \$ \_\_\_\_\_ Stmt Dt: \_\_\_\_ / \_\_\_\_ / \_\_\_\_