



Payment Request / Transfer of Money Form

Today's Date _____ Committee Name _____

Event / Activity _____ Date of Event _____

Your Name _____ Email / Phone _____

PAYMENT REQUEST

Attached are receipts and/or vendor invoices (*highlight or circle total on each*)

Total amount requested:

\$ _____ Reimbursement for myself

\$ _____ Payment to vendor

Internal:

Paid by check # _____ Date _____

Paid by check # _____ Date _____

TRANSFER OF MONEY

ENCLOSED ARE CHECKS:

Total # of checks : _____

\$\$ Total of checks : \$ _____

ENCLOSED IS CASH:

#		=	\$ _____
_____	\$ 1's	=	\$ _____
_____	\$ 5's	=	\$ _____
_____	\$ 10's	=	\$ _____
_____	\$ 20's	=	\$ _____
_____	(other bills)	=	\$ _____
_____	\$	=	\$ _____
Coin Total		=	\$ _____
Total cash enclosed =		=	\$ _____

COMMENTS / NOTES