

**Payable to:** \_\_\_\_\_ **Date needed:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Requester:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Account to Debit:** \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$

(Receipts should be attached to request. Please remember to use tax exempt forms on all purchases.)

**Chairman's Signature:**

**Treasurer's Signature:** \_\_\_\_\_

**President's Signature:** \_\_\_\_\_

***Please fill out this form completely, attach receipts, and return to the Chairman for authorization.  
Once chairman signs, forward to the Treasurer for processing.***