

REQUEST FOR PAYMENT

Date: _____

Treasurer will use State Mileage Chart to figure. *Mileage only to Staff members.

Mileage From: _____

To: _____

Total Miles @ 40¢ per mile.

Other Expenses (Explain & Attach Receipts)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Person making request:

Name _____

Address _____

City/Zip _____

Signature: _____

Official Use:

Date approved _____

Director's Signature

Check # _____

Amount Paid _____

Treasurer Signature

A copy of this request will be given back to you after the Director and the Treasurer have signed off.