

**PAYOUT REQUEST FORM**

Date \_\_\_\_\_

Issue Check to: \_\_\_\_\_

For Purchase of / payment for: (Specify what is being purchased)

ITEM	BUDGET LINE (Name & #)	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL PAYOUT REQUEST</b>		_____

Is this a request for reimbursement of out of pocket expenses?      Yes      No

If "yes" please attach receipts

Signature \_\_\_\_\_ Committee Approval \_\_\_\_\_

- INSTRUCTIONS:
- 1) Attach invoice or receipt to this form
  - 2) Secure approval of appropriate Committee Chairperson
  - 3) Original and receipt(s) go to Treasurer, keep a copy for your files