

EHS 2010 SENIOR PARTY

PAYMENT REQUEST FORM

Contact Treasurer for tax exempt number if needed

DATE ____ / ____ /20__

NAME _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

COMMITTEE _____

DESCRIPTION OF PURCHASE:

COMMITTEE CHAIR AUTHORIZATION:

Chair Signature **Required** for Authorization

Please check one of the following:

_____ Reimbursement – send check to individual above – **receipts attached** AMOUNT _____

_____ Original Payment – check to be issued directly to actual provider of goods or services

-complete following and attach verification and provide paid receipt when available

VENDOR NAME _____

ADDRESS _____

Telephone: _____ Contact Name: _____

+++++

FOR TREASURER USE ONLY

Date Received ____ / ____ /20__

Date Paid ____ / ____ /20__

Check # _____

Check Amount \$ _____.

Treasurer: Ross Robinson 612-770-2278 6012 Ashcroft Ave. Edina 554245 rmr32859@msn.com