

**PAY TO**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Comment: \_\_\_\_\_

**RECEIPTS**

Date	Amount	Vendor	Description
Total:			

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL**

Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE**

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Total Paid: \_\_\_\_\_

Amount	Budget Category