

**PAYMENT REQUEST FORM**

Today's Date \_\_\_\_\_ Requested Amount \$ \_\_\_\_\_ Date Check Needed \_\_\_\_\_

Payable To: \_\_\_\_\_

Description of purchase \_\_\_\_\_

Account or Fund to be Charged \_\_\_\_\_

Submitted By \_\_\_\_\_

Signature of Approval \_\_\_\_\_

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