



Instructions:

- Complete form; staple related receipts or invoices to the BACK of this form.
  Forward to Staff of Project Leader for approval and submission to Finance Department.
  Checks will be processed and mailed within ten days of receipt by Finance Department.

Date:					
Payee Name:					
Street Address:					
Street Address:					
City, State, Zip:					
Phone Number:					
EIN / SSN #:					
<u>Date</u>	Description of Expense		<u>Amount</u>	<u>Department</u>	G/L Account Number
	-				
	_				
Total Amount of Request:					
STAFF MEMBER or		Approver Name:			
PROJECT LEADER		Approver Signature:			
APPROVAL		Approval Date:			
Additional Notes or Special Instructions:					