

REQUEST FOR EXPENDITURE

Date Paid: _____ Check Number: _____

| | |
|--|-------|
| Date | |
| Vendor/Payee | |
| Street Address | |
| City, State, Zip | |
| Check Amount | |
| Reason for request for payment | |
| Date Check is Needed | |
| Invoice/Receipt Attached? | |
| Distribution of Check | Mail? |
| | Give? |
| Budget/Account/Line item to be charged. Be Specific. | |
| Council Member Signature | |
| Date Check is Needed | |

USE A TAX EXEMPT FOR ALL PURCHASES

TAX WILL NOT BE PAID OR REIMBURSED