



PAYMENT REQUEST FORM

Date: _____

Payee's Name (Vendor): _____

***Only for PPP, Apply this payment to program fees:**

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Mail Out Reimbursement/Payroll Pick Up (Within the next 48 hours)

Reason:

Vendor	Reference #	G/L Acct #	Program	Amount
1.				
2.				
3.				
4.				
			TOTAL:	

Requested by: _____ Approved by Director: _____

****Both Signatures Required**

↓ FOR FINANCE USE ONLY ↓

Support Receipts Missing _____

Entered in QB _____

Entered by Billing _____