

Towne Singers Payment Request Form

Submitted By: _____ Date: _____

Payable to:

Name _____

Address _____ City _____ Zip _____

Reimbursement: Yes No

\$\$ Amount: _____

Receipts Attached: Yes No

Description of Services or Product _____

Budget Category: _____

Approved by:

President _____ Date _____

Finance Director _____ Date _____

Payments are made in response to invoices, contract requirements, and reimbursement requests from members (who must use the Payment Request Form available at the Choir Resources web page).

Signature requirements on the request form are as follows:

For a budgeted item under \$500 the Finance Chair **OR** the President

For a budgeted item: more than \$500: the Finance Chair AND the President

For Non-budgeted items: the Board