Flemington Raritan Business Association

Payment Request Form

Approval

_____

Committee Chair

Invoices/Receipts must accompany form in order to be paid

Please fill out form completely and submit within 30 days of expenditure

Make check payable to:

Name _____ Telephone_____

Address _____

AMOUNT REQUESTED $_____

Requested by _____ Date _____

(Signature)

CHECK ONE:

_____ Request reimbursement (attach receipts)

_____ Request direct payment (attach vendor invoice)

_____ Request advance payment (attach vendor request)

CHECK ONE:

_____ Mail check to requestor

_____ Mail check to vendor

ITEMIZE PURCHASES BELOW

Date	Description of Expense	Event	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL	_____

Mail request to FRBA PO Box or hand deliver to a board officer.

If immediate payment is required or special circumstances apply, please call Ryan Amato , FRBA Treasurer, at 908-806-8337 (work) or 908-391-4182 (Cell)

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TREASURER'S USE ONLY

Check Number _____ Date Disbursed _____

Check Amount $_____ Officer Approval _____

Line Item (s) _____

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