



Operating Fund Payment Request Form

Fund Name:

Fund Number:

Requests the following payment:

Pay To:

Address:

Amount:

\$ _____

Supporting Documentation Attached?

Yes

No

i.e. receipt, invoice, statement

For:

Special Instructions:

Date

Authorized Signature

Phone Number

***Payment requests must be received before 5 p.m. on Monday in order to have a check issued on the following Thursday each week.**

If you have questions or concerns, please contact Susan R. Graves, Executive Director, or Katherine Ray, CPA, toll-free at (877) 689-7726.