GLOW WITH YOUR HANDS
PAYMENT / EXPENDITURE REQUEST

Fund: (Select from dropdown list) Select a fund

Vendor Information

Name:

Address:

City, State, Zip

Description of Goods or Services:

Detail Support Attached: (Select) Select support type

Total Amount of Expenditure Requested: **$**

Expense Allocation:

Expense Account (Select from list)	Amount
Select an expense account	
Select an expense account	
Select an expense account	
Select an expense account	
Select an expense account	
Select an expense account	
Select an expense account	
Select an expense account	
Select an expense account	
Total	**$**

Authorized Executive Director **Date:**

Payment details	
Check Date	
Check Amount	
Check Number	
Processed by:	