



REQUEST FOR PAYMENT

Payee	
Mailing Address	
Telephone	
Email	
Purpose of Expenditure	

Description of Expenses

Description	Date	Amount
		\$
		\$
		\$
TOTAL		\$

Person Requesting Payment	
Date:	Signature:
Authorization by President or appropriate Committee Chair	
Date:	Signature:

All requests for payment must be submitted within 30 days of the event or transaction. Please attach documentation (invoice/receipt) for requested expenditures and send to the SACRAO President or the appropriate Committee Chair for authorization.

Patrick Frazier, President Associate Director, Admissions Marketing & Recruitment Western Carolina University (828) 227-2671 president@sacrao.org	Amy Gleason, Treasurer Assistant University Registrar Duke University (919) 684-5758 treasurer@sacrao.org
--	---

Treasurer		
Date:	<input type="checkbox"/> Check #: <input type="checkbox"/> Check Card	Signature: