



## REQUEST FOR PAYMENT

<b>Payee</b>	
<b>Mailing Address</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Purpose of Expenditure</b>	

### Description of Expenses

Description	Date	Amount
		\$
		\$
		\$
<b>TOTAL</b>		<b>\$</b>

<b>Person Requesting Payment</b>	
Date:	Signature:
<b>Authorization by President or appropriate Committee Chair</b>	
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.

<p>Megan Mitchell, President          Director of Graduate Admissions and Recruitment          Austin Peay State University          (931) 221-6189          president@sacrao.org</p>	<p>Chad Cox, Treasurer          Sr. Associate Director for Arkansas Recruitment          University of Arkansas          (479) 595-9405          treasurer@sacrao.org</p>
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<b>Treasurer</b>		
Date:	<input type="checkbox"/> Check #: <input type="checkbox"/> Check Card	Signature: