



Washington Neighborhood Center Payment Request Form

Complete form to request a check from the Treasurer to pay for vendor(s) or reimbursements. Attach all receipts and documentation of event or program.

Requested by: _____ Date: _____

Amount requested: _____

PAYABLE TO: _____

ADDRESS: _____

FOR: _____

Approved by:

President _____ Date: _____

Signature required (payment attachment(s) need to be included with this request)

Treasurer _____ Date: _____

Signature required

Check #: _____ Amount: _____ Date of Check: _____