

Request for Payment



**P. O. Box 3592
West Palm Beach, FL 33402-3592**

Date Submitted _____

Payee: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Amount Requested: _____

Date of Purchase	Description of Item(s)	Event/Purpose (if applicable)	Amount

Date Paid: _____ Check #: _____

Approved By: _____