

# Nimble Fingers Quilters / Payment Request Form

## Make payment to

Name		
Street Address		
City	State	Zip
Telephone	Email	

## Purpose of payment

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Attach a copy of the invoices, receipts, or executed contract.

Itemization	Amount (\$)
<b>Total</b>	

## Requested by

Signature	Date
Printed name	
Telephone	Email

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## Approval by elected officer

Signature	Date
Printed name	Office

Non-budgeted expenses of \$250.00 or more require the signature of a second elected officer.

Signature	Date
Printed name	Office

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## Accounting

Paid by:  Paper check    Bank check    Funds transfer

Check/Transaction No.:	
Amount	Date
GL Expense Account	Class
Split	Class