

MPQG

Payment Request & Authorization Form

email completed form to carolanneinc@gmail.com (Treasurer) with a subject of: Payment Request

Request Date:
Requested By:

Comments:

Total Amount:
Payable To:
Due Date:
Deliver to:
Address:
City, State, Zip:
Account Number:
Memo on Check:

Receipt Date	Vendor	Description (eg. event date, name, purpose)	Amount	Budget Category	

Total Amount to be Paid

\$ _____

Authorized By: Board member in charge of Budget or Guild President

Signature 1: _____

name: _____

Email Appvd

Notes:

- (1) Attach completed form to copies of receipts (pdfs work fine)
- (2) Submit e-version to Treasurer for payment processing & bookkeeping
- (3) Physical signatures may be obtained at subsequent Board Meeting

Purpose of form: to document all financial transactions, their appropriate authorization & categorization for financial reporting.