

REQUEST FOR PAYMENT effective 5/1/2019
ROCKY MOUNTAIN REGION 8
SWEET ADELINES INTERNATIONAL

Date _____
 Pay to: (NAME AND ADDRESS or PAYPAL EMAIL)



Explain fully and attach supporting receipts for reimbursement.

MUST HAVE RECEIPTS - Please attach or scan

MILEAGE IS FIGURED AT $\$0.35$ A MILE. (.55 if SAI reimbursed)

Request for payment must be received by the Finance Coordinator within 45 days of event or purchase to receive reimbursement or payment. Otherwise, it is considered a donation.

Description	Account	check	PayPal	\$ Amount \$

TOTAL _____

Submitted by _____

Approved for payment by _____
 Finance Coordinator/RMT Coordinator

RMT: Send to Finance Coordinator for approval and payment.

Ruth Widorski
 7772 E. 151st Place
 Thornton, CO 80602
 bariten1@yahoo.com

Payment will be sent out within 2 weeks of receiving RP.

RMT Support Chairs: Send to your RMT Coordinator for approval FIRST!